



National Highway Traffic Safety Administration

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU 81

CASE NO. 072F

TYPE OF ACCIDENT Van/Car - Straight Path

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. <u>Do not include any personal identifiers.</u>)

Vehicle #1 was traveling eastbound approaching a four way intersection.

Vehicle #2 was southbound approaching the same intersection. As vehicle #1 passed through, vehicle #2 struck vehicle #1 in the left side. On impact vehicle #1 flipped over onto its right side, rotated CCW and slid to the southeast corner to area of final rest. Vehicle #2 rotated CCW approximately 30° and stopped. Both vehicles were towed due to damage.

	B. VEHICLE PROFILE(S)							
	Class		Most Sever Based on Vehi					
Vehicle No.	of Vehicle	Year/Make/Model	Damage Plane	Severity Description	Component Failure			
1	Passenger Van	1978 Ford Econoline	Left	Severe	None			
2	Compact	1984 Ford Mustang 2 door	Front	Severe	None			

	C. PERSON PROFILE(S)										
Vehicle	Person	Seat	Restraint	Most Severe Injury Restraint (TO BE COMPLETED BY ZONE CENTER)							
No.	Role	Position	Use	Body Region	Injury Type	AIS	Injury Source				
1	Driver	Front Left	None	HEAD	LACERATION	1	WINDS HIELD				
1	Passenger	Front Right	Lap&Shoulder	NOT INJE	RED						
1	Passenger	2nd Left	None	NOT IN TU	e-&1)						
2	Driver	Front Left	Lap&Shoulder	CHEST	CONTUSION	,	SEATBELT				
							·				

Body Region

Abdomen
Ankle-foot
Arm (upper)

Back-thoracolumbar spine

Brain Chest Ears Eye Elbow

Face Forearm Head—skull

Heart Kidneys Knee Leg (lower) Liver

Lower limbs(s) (whole or unknown part)

Mouth

Neck-cervical spine

Nose

Pelvic - hip

Pulmonary-lungs

Shoulder Spleen Thigh

Thyroid, other endocrine gland

Upper limb(s) (whole or unknown

part) Vertebrae Whole body Wrist—hand

Injury Type

Abrasion
Amputation
Avulsion
Burn
Concussion
Contusion
Crush

Detachment, separation

Dislocation

Fracture

Fracture and dislocation

Laceration Other

Perforation, puncture

Rupture Sprain Strain

Total severance, transection

Unknown

Abbreviated Injury Scale

(1) Minor injury

(2) Moderate injury

(3) Serious injury

(4) Severe injury

(5) Critical injury

(6) Maximum (untreatable)

(7) Injured, unknown severity

DO NOT SANITIZE THIS FORM



ACCIDENT COLLISION DIAGRAM U.S. Department of Transportation National Highway Traffic Safety Administration NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM Indicate Case Number-Stratum 078 F PSU No. 81 North Sar ∇ GASNEL GMIEC 8 7 Swed. J. GNOVEC Norlen X-rack LENEC

HS Form 431B (1/94)

Scale: 1 centimeter = ____ meters



ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING CRASHWORTHINESS TATA National Highway Traffic Safety Administration Indicate PSU No. <u>8</u> <u>1</u> Case Number-Stratum 072 F North SCALE | m = 1/250 GRAVEL SHOULDER GRAJEC SHOURDER PAUE SHOULDER STOP 516N HS Form 431B (1/94) Scale: 1 centimeter = _ 4,75 4,75



National Highway Traffic Safety Administration

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number Case Number - Stratum **ACCIDENT COLLISION DIAGRAM** LEVEL II (Cont'd) LEVEL I **CRASH DATA** PHYSICAL EVIDENCE ABSENT physical evidence is present: VEH. #1 VEH. #2 VEH. #3 To be accomplished when there is no document reference point and reference physical evidence present at the scene: line relative to physical features present Heading Angle 090 at the scene * approximate vehicle orientation at impact and final rest * scaled documentation of all accident induced physical evidence * applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median * scaled documentation of all roadside markings, pavement markings, etc.) objects contacted Surface * applicable traffic controls (e.g., speed * roadway surface type and condition of Condition limit) applicable roadways * north arrow placed on diagram grade measurements for all applicable Grade (v/h) roadways and at location of rollover Measurement * sketch required initiation (between impact and final rest) * scaled representations of the vehicle(s) at LEVEL II pre-impact, impact, and final rest based PHYSICAL EVIDENCE PRESENT upon either: Grade (v/h) Measurement In addition to the level I tasks noted above, a) physical evidence, or (at location of the following must be accomplished when rollover initiation) b) reconstructed accident dynamics Reference Point: PEd 'CRUSSING SIGN Reference line: **Distance and Direction** Distance and Direction Item from Reference Point from Reference Line GougE MARK IN GRASS CONNER - DREA OF

ltem	Distance and Direction from Reference Point	Distance and Direction from Reference Line
		·
	·	
	Í	

National Highway Traffic Safety Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

SPECIAL STUDIES - INDICATORS

Check (//) each special study (SS14-SS18)

2. Case Number - Stratum <u>O 1 2 F</u>

IDENTIFICATION

3. Number of General Vehicle Forms Submitted

02

4. Date of Accident (Month, Day, Year)



5. Time of Accident

0830

Code reported military time of accident.

NOTE: Midnight = 2400 Unknown = 9999 Check (</) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___SS15 Administrative Use ____

7. ___SS16 Pedestrian Crash Data Study _____

8. ___SS17 Impact Fires _____

9. __SS18 _____

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident

02

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. <u>0</u> /_	14. <u>/ 3</u>	15	16. <u>2</u>	17. <u>0 2</u>	18. <u></u>
19. <u>0</u> <u>2</u>	20. <u>O </u>	21 / _ 3	22. <u>R</u>	23. 3 /	24. <u>00</u>	25
26. <u>0</u> <u>3</u>	27	28	29	30	31	32
33. 0 4	34	35	36	37	38	39
40. <u>0</u> <u>5</u>	41	42	43	44	45	46

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase \geq 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND

OTHER VEHICLES

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) - Vehicle Number

Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):
- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object

PSU BI- 072+ V-DI
National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

	OCCUPANT RELATED	24	Rollover /
1.0	Diver Buseness in Webiele		(0) No rollover (no overturning)
16.	Driver Presence in Vehicle (0) Driver not present		(1)
	(1) Driver present		Rollover (primarily about the longitudinal axis)
1	(9) Unknown		(1) Rollover, 1 quarter turn only
1	A 2		(2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns
17.	Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle		(4) Rollover, 4 or more quarter turns (specify):
	(97) 97 or more		(EVB. III) and a second Consequence.
İ	(99) Unknown		(5) Rollover-end-over-end (i.e., primarily about the lateral axis)
18.	Number of Occupant Forms Submitted		(9) Rollover (overturn), details unknown
	VEHICLE WEIGHT ITEMS		OVERRIDE/UNDERRIDE (THIS VEHICLE)
19.	Vehicle Curb Weight 1,780	25.	Front Override/Underride (this Vehicle)
	Code weight to nearest 10 kilograms. (045) Less than 450 kilograms	26.	Rear Override/Underride (this Vehicle)
	(610) 6,100 kilograms or more (999) Unknown		(0) No override/underride, or not an end-to-end impact
	,lbs X .4536 = <u>/, 7 & /</u> kgs		Override (see specific CDC)
	Source		(1) 1st CDC
			(2) 2nd CDC
20.	Vehicle Cargo WeightO,		(3) Other not automated CDC (specify):
1	10 kilograms. (000) Less than 5 kilograms		Underride (see specific CDC)
	(450) 4,500 kilograms or more (999) Unknown		(4) 1st CDC (5) 2nd CDC
1			(6) Other not automated CDC (specify):
	$\underline{}, \underline{} \phantom$		
	RECONSTRUCTION DATA		(7) Medium/heavy truck or bus override
21.	Towed Trailing Unit		(9) Unknown
1	(0) No towed unit (1) Yes-towed trailing unit		
	(9) Unknown		HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
22.	Documentation of Trajectory Data		Values: (000)-(359) Code actual value
1	for This Vehicle (0) No		(997) Noncollision
	(1) Yes		(998) Impact with object (999) Unknown
23.	Post Collision Condition of Tree or Pole	27.	Heading Angle For This Vehicle 0 9 0
	(For Highest Delta V)		100
1	(0) Not collision (for highest delta V) with tree or pole	28.	Heading Angle For Other Vehicle
	(1) Not damaged		
	(2) Cracked/sheared (3) Tilted < 45 degrees		
	(3) Titled <45 degrees (4) Tilted ≥45 degrees		
[(5) Uprooted tree		
	(6) Separated pole from base (7) Pole replaced		
	(8) Other (specify):		
	(9) Unknown		

Cate gory	Contigur-	ACCIDENT TYPES (Includes Intent)		
	A Right Roadside Departure		PECIFICS SPEC	CIFICS NOWN
Single Driver	B Left Roadside	DRIVE OFF CONTROL/ AVOID COLLISION SI		CIFICS
S -	C Forward	11 12 13 14 1	5 16	NOWN
	lmpact		-	NOWN
ueri Atan S	D Rear-End	STOPPED SLOWER DECEL. 31	PECIFICS SPEC	CH • 331 CIFICS NOWN
II. Sane Trafficway Sane Direction	E Forward Impact	CONTROL/ TRACTION LOSS AVOID COLLISION WITH VEH. WITH OBJECT		ACH • 43) PECIFICS INKNOWN
-	F Sideswipe Angle	44 45 46 (EACH · 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UN	
je Še	G Head-On	50 51 (EACH • 52) (EACH • 53) SPECIFICS OTHER SPECIFICS UNKNOWN		
Same Trafficway Oppiwite Direction	H Forward Impact	CONTROL/ TRACTION LOSS TACTION LOSS WITH VEH. SE CONTROL/ TRACTION LOSS WITH VEH. SE CONTROL/ TRACTION LOSS WITH VEH. SE CONTROL/ TRACTION LOSS WITH VEH. SE CONTROL/ WITH OBJECT		PECIFICS
Ξ	l Sideswipe! Angle	(EACH • 65) (EACH • 67) SPECIFICS SPECIFICS UNKNOWN LATERAL MOVE OTHER		
Change Trafficway Vehicle Turning	J. Turn Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS		ACH • 75) ECIPICS IKNOWN
IV. Change Trafficw Vehicle Turning	K. Turn Into Path	TURN INTO SAME DIRECTION TURN INTO OPPOSITE DIRECTIONS		ACH • 85) PECIPICS NKNOWN
V Incrsecting Paths (Vehicle Damage)	L. Straight Paths	(EACH = 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNK	NOWN
VI Miscel- lancous	M. Backing Etc.	SACKING VEH. SACKING VEH. SOUTHER VEH. OR OBJECT		

OTHER DATA	61. Rollover Initiation Object Contacted 0 2
56. Driver's Zip Code	To remove without object contacted
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): (9) Unknown	(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction PRECRASH DATA 64. Pre-Event Movement (Prior to
ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type 60. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown	Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): (98) No driver present (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence (58) Wall
(01-30) — Vehicle Number	(59) Wall (59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
(33) Jacknine	(63) Curb
Collinian With Fixed Object	• • • • • • • • • • • • • • • • • • • •
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 10 cm in diameter)	(68) Other fixed object (specify):
(42) Tree (> 10 cm in diameter)	
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	
•	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 10 cm in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 10 cm but \leq 30 cm in	(79) Object fell from vehicle in-transport
diameter)	(88) Other nonfixed object (specify):
(52) Pole or post (> 30 cm in diameter)	
(53) Pole or post (diameter unknown)	(89) Unknown nonfixed object
(ob) For or poor (alamoter allimiter)	(oo, ommovi, normod object
(54) Concrete traffic barrier	(98) Other event (specify):
(55) Impact attenuator	(ob) Caron event (opeon) / .
(56) Other traffic barrier (includes guardrail)	(99) Unknown event or object
(specify):	



National Highway Traffic Safety

Administration	vay I rattic Sate	ty	E	CIERIOR	VEHI	CLE F	-ORM	N.A	CRASI	(CCIDENT IWORTHIN	SAMPLIN JESS DAT	G SYSTEM A SYSTEM
	ry Sampling Number - St			81 72	_ 3	. Vehicl	e Numb	er			C	> <u></u>
2. 0000	Marrison Gt											
				VEHICLE	IDENT	IFICAT	ION					
VIN Z	154	4		,	4_					Model Y	′ear <u> </u>	18
Vehicle Ma	ake (specify):	:	Forza	.)		Vehicle	Model (specify):	EN	EDN	<u> </u>	BN
				· L	OCATO)R						
	e end of the amaged axle			ct to the ve	hicle lon	gitudina	l center	line or t	oumper	corner f	or end i	mpacts
Specific I	mpact No.		Location	of Direct D	amage			L	ocation	of Field	L	
	/	STAI	275 13	8 cm P	143°	J		SA	m E			
					A XLE							
	2	EN	J To	END			-	5 Am	٤_			
				SH PROF	LE IN	CENTII	METER	S				
s 1 1	NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space). Measure and document on the vehicle diagram the location of maximum crush. Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side											
F t s	mpacts. Free space von he individua side taper, et Use as many	I C loca tc. Rec	tions. This ord the valu	may include le for each (e the fol C-measu	lowing: irement	bumper and ma	lead, b ximum (umper t	body co aper, sic	ntour ta de protr	iken at usion,
Specific	Plane of In	npact	Direct D		Field			_		_		
Impact Number	C-Measure	ments	Width (CDC)	Max Crush	L	C ₁	C ₂	C ₃	C₄	C _€	C ₆	±D
	2 518 5111 LE	25	190	6-4	259	0	2	28	3/	26	4	-57.
							ļ					
-1												
	<u> </u>											
							ļ					
	KIGHT SI	75	72		ļ	ļ						
2	170, 31	<u> </u>	Rollo	vel-								
	[
					ļ	ļ 						
			-									
											 	

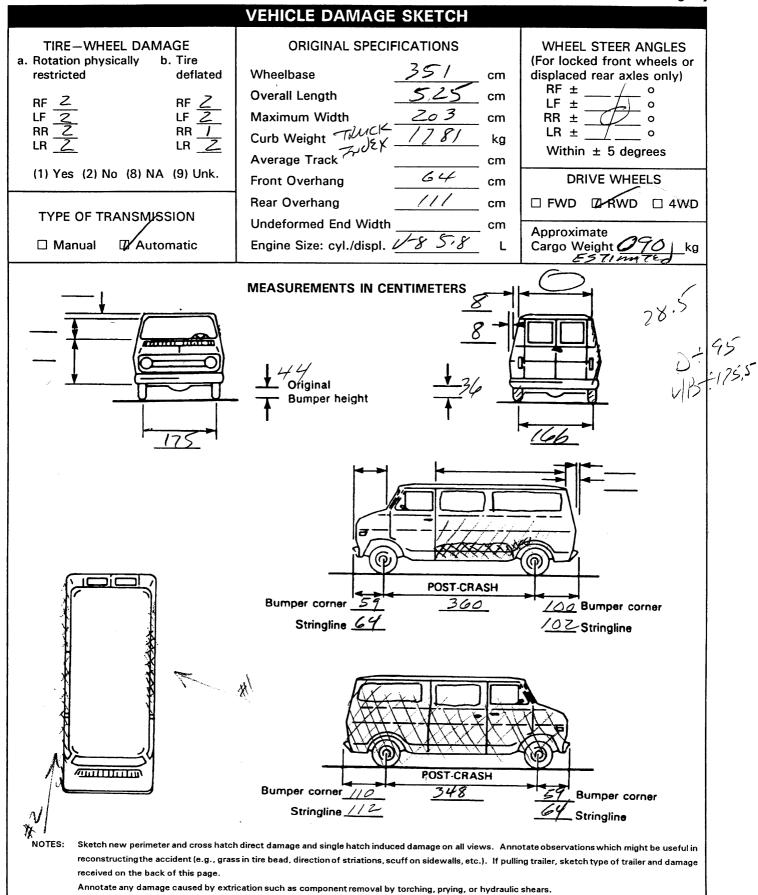
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	138.0	inches	x 2.54	=	_3 <u>5 (</u> cm
Overall Length	2068	inches	x 2.54	=	<u>525</u> cm
Maximum Width	79.8	inches	x 2.54	=	203 cm
Curb Weight	3,927	pounds	x .4536	=	1,78/ kg
Average Track		inches	x 2.54	=	cm
Front Overhang	25.0	inches	x 2.54	=	<u>064</u> cm
Rear Overhang	<u> 43.8</u>	inches	x 2.54	=	
Undeformed End Width		inches	x 2.54	=	cm
Engine Size: cyl./displ.	<u> </u>	СС	x .001	=	L
	35[CID	x .0164	=	<u>5.8</u> L

624L-4.9L-351 U-8-5.8L-351

W13-124 OAL-186-8 11 13.8 " 206.8 Super w16" 226.8





National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form **CDC WORKSHEET** CODES FOR OBJECT CONTACTED (57) Fence (01-30) - Vehicle Number (58) Wall (59) Building Noncollision (31) Overturn - rollover (60) Ditch or culvert (61) Ground (32) Fire or explosion (62) Fire hydrant (33) Jackknife (34) Other intraunit damage (specify): (63) Curb (64) Bridge (35) Noncollision injury (68) Other fixed object (specify): (38) Other noncollision (specify): (69) Unknown fixed object (39) Noncollision — details unknown Collision with Nonfixed Object Collision With Fixed Object (71) Motor vehicle not in-transport (41) Tree (≤ 10 cm in diameter) (72) Pedestrian (42) Tree (> 10 cm in diameter) (73) Cyclist or cycle (43) Shrubbery or bush (74) Other nonmotorist or conveyance (44) Embankment (75) Vehicle occupant (76) Animal (45) Breakaway pole or post (any diameter) Train (77)(78)Trailer, disconnected in transport Nonbreakaway Pole or Post Object fell from vehicle in-transport (50) Pole or post (\leq 10 cm in diameter) (79)(51) Pole or post (> 10 cm but \leq 30 cm in (88) Other nonfixed object (specify): diameter) (89) Unknown nonfixed object (52) Pole or post (> 30 cm in diameter) (53) Pole or post (diameter unknown) (98) Other event (specify): (54) Concrete traffic barrier (55) Impact attenuator (99) Unknown event or object (56) Other traffic barrier (includes guardrail) (specify): **DEFORMATION CLASSIFICATION BY EVENT NUMBER** (5) Accident (1)(2)Specific Specific (6)Event Direction Incremental (3) Longitudinal Vertical or Type of (7)Sequence Object of Force Value of Deformation or Lateral Lateral Damage Deformation Number Contacted Shift Location Location Location Distribution Extent (degrees)

		COLLIS	ION	DEFORMA	TION CLA	SSIFICAT	TION	
HIGHEST (DELTA "V"							
Accident Event Sequence Number	Object Contacted	(1) (Direct of For	ion	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical Latera Locatio	l Damag	e Deformation
4. 0 1	5. <u>0</u> 2	6	11	7. <u> </u>	8 P	9. <u>£</u>	10. <u>4</u>	11. <u>03</u>
Second Hi	ghest Delta "V	'n						
12. <u>0</u> Z	13. <u>3/</u>	14. <u>0</u>	0	15. <u>R</u>	16	17.	18.	19. <u>0</u> /
	· · · · · · · · · · · · · · · · · · ·	С	RUSH	PROFILE	IN CENTIN	METERS		
CRUSH PROFILE IN CENTIMETERS The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)								
HIGHEST I	DELTA "V"							
20. L	21. 	C ₂	_			С _б	C ₆	22.
259	000	<u>00</u>	<u> </u>	228	031	026	<u>004</u>	<u> </u>
Second Hi	ghest Delta "V	,,,						
23. L	24. 	C ₂	_		C ₄		C ₆	25.
								+
	Cs Documented Coded on The red File?	0	of (O)	searcher's As Vehicle Dispo Not towed o vehicle dama Towed due o vehicle dama Unknown	osition/ lue to age to	28. O	riginal Wheelbas Code to the nearest centrical Unknown	ne
inches X 2.54 = centimeters								

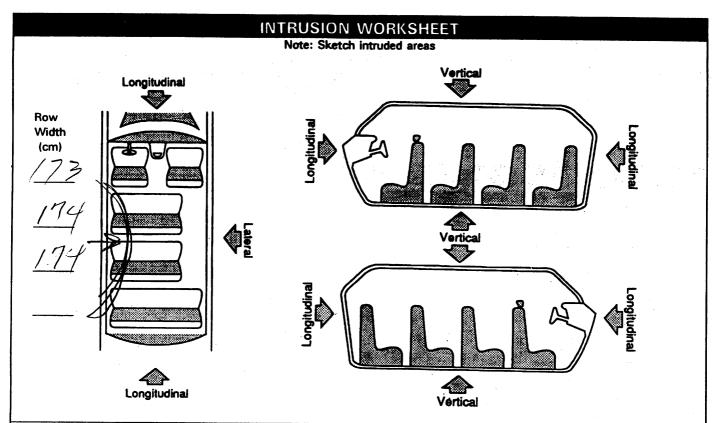
29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified 30. Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown	_	34. Fuel Tank-1 Location 35. Fuel Tank-2 Location (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify):
31. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown 32. Type of Fuel Tank-1 33. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown		36. Fuel Tank-1 Filler Cap Location 37. Fuel Tank-2 Filler Cap Location (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): (9) Unknown
		39. Fuel Tank-2 Damage (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): (9) Unknown

		·
40.	Location of Fuel System-1 Leakage	44. Is This Vehicle Equipped With More Than Two Fuel Tanks?
41.	Location of Fuel System-2 Leakage	(0) No (one or two tanks only)
	(0) No fuel tank	N. A. T. T. Tarka
	(1) No fuel leakage	Yes - More Than Two Tanks (1) Yes no damage to any tank or filler
1	Primary Area Of Leakage	cap and <u>no fuel system leakage</u>
ļ	(2) Tank	(2) Yes no damage to any tank or filler
1	(3) Filler neck	cap but there is fuel system leakage
ł	• •	(specify leakage location):
l	(4) Cap	(specify leakage location).
	(5) Lines/pump/filter	
ı	(6) Vent/emission recovery	(3) Yes damage to an additional tank or
i	(8) Other (specify):	filler cap and there is fuel system leakage
	(b) Other (specify).	(specify the following):
ì	(9) Unknown	Type of tank
		Tank location
l		Filler cap location
142	Fuel Type-1	Tank damage
72.	Tuel Type-1	Location of leakage
۱	- ·- ·	Type of fuel
43.	Fuel Type-2	Type of fuel(9) Unknown if more than two tanks
1		(9) Unknown if more than two tanks
	Single Fuel Type	
	(00) No fuel tank	
1	(01) Gasoline	
1		COMMENTS
	(02) Diesel	O IIIII EI I
1	(03) CNG (Compressed Natural Gas)	
1	(04) LPG (Liquid Petroleum Gas) also	
1	known as Propane	
1	(05) LNG (Liquid Natural Gas)	
1	(06) Methanol (M100 or M85)	
1		
1	(07) Ethanol (E100 or E85)	
1	(08) Other (Hydrogen or others) (specify):	
1		
1	Electric Powered or Electric/Solar	
1	Powered Vehicles	
	(10) Lead Acid Battery	
1	(11) Nickel-Iron Battery	
	(12) Nickel-Cadmium Battery	
	LIZI IVICKEI CAUIIIIUIII DALLEIY	
1		
	(13) Sodium Metal Chloride Battery	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery	
	(13) Sodium Metal Chloride Battery	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify):	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify):	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify):	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify):	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify):	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify):	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify):	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify):	
	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify): (99) Unknown fuel type	
**	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify): (99) Unknown fuel type	E WAS NOT TOWED AND WAS NOT AN AOPS ***
**	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify): (99) Unknown fuel type ** STOP: IF THE CDS APPLICABLE VEHICLE	E WAS NOT TOWED AND WAS NOT AN AOPS ***
**	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify): (99) Unknown fuel type ** STOP: IF THE CDS APPLICABLE VEHICLE	E WAS NOT TOWED AND WAS NOT AN AOPS *** NOT COMPLETE THE INTERIOR VEHICLE FORM.
** 1	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify): (99) Unknown fuel type ** STOP: IF THE CDS APPLICABLE VEHICLE	
* 1	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify): (99) Unknown fuel type ** STOP: IF THE CDS APPLICABLE VEHICLE	
**	(13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify): (99) Unknown fuel type ** STOP: IF THE CDS APPLICABLE VEHICLE	



National Highway Traffic Safety Administration	INTERIOR VE	HICLE FORM	NATIONAL ACCIDENT SAMPLING SYSTE CRASHWORTHINESS DATA SYSTE
	81		GLAZING
Primary Sampling Unit Number		Glazing Damage from	n Impact Forces
2. Case Number - Stratum	072 F		2 17. RF <u>O</u> 18. LR <u>O</u> 19. RR <u>O</u>
3. Vehicle Number	_01	20. BL 21. Roof	
INTEGRITY			ge from impact forces
4. Passenger Compartment Integrit (00) No integrity loss	v <u>O O</u>	(2) Glazing in place (3) Glazing in place	ge from impact forces and cracked from impact forces and holed from impact forces lace (cracked or not) and not holed from
Yes, Integrity Was Lost Through (01) Windshield (02) Door (side)		(6) Glazing disintegr (7) Glazing removed	ace and holed from impact forces ated from impact forces prior to accident
(03) Door/hatch (back door) (04) Roof (05) Roof glass		(8) No glazing (9) Unknown if dam	aged
(06) Side window (07) Rear window (backlight)		Glazing Damage from	n Occupant Contact
(08) Roof and roof glass (09) Windshield and door (side)		23. WS <u>2</u> 24. LF <u>C</u>	25. RF <u>/</u> 26. LR <u>/</u> 27. RR <u>/</u>
(10) Windshield and roof (11) Side and rear window (side window (12) Windshield and side window	w and backlight)	28. BL <u>Ø</u> 29. Roof	<u> </u>
(12) Windshield and side window (13) Door and side window (98) Other combination of above (specif	fy):	(1) Glazing contacte	ntact to glazing or no glazing d by occupant but no glazing damage and cracked by occupant contact
(99) Unknown		(4) Glazing out-of-pl contact and not (5) Glazing out-of-p	and holed by occupant contact ace (cracked or not) by occupant holed by occupant contact lace by occupant contact and holed by
Door, Tailgate or Hatch Opening		occupant contact (6) Glazing disintegr	et eated by occupant contact
5. LF <u>/</u> 6. RF <u>3</u> 7. LR <u>0</u> 8. RF	R	(9) Unknown if con	
(0) No door/gate/hatch (1) Door/gate/hatch remained closed ar (2) Door/gate/hatch came open during (· ·		e <i>And</i> No Occupant Contact or No IV31 Through IV46 As Ø
(3) Door/gate/hatch jammed shut		Type of Window/Wi	ndshield Glazing
(8) Other (specify):		31. WS / 32. LF	233. RF <u>2</u> 34. LR <u>2</u> 35. RR <u>2</u>
(9) Unknown		36. BL <u></u> 37. Roo	
Damage/Failure Associated with Doc Opening in Collision. If IV05-IV09 =	≤ 2, Then code Ø	(1) AS-1 — Laminat (2) AS-2 — Temper (3) AS-3 — Temper	ed ed-tinted
10. LF <u>O</u> 11. RF <u>O</u> 12. LR <u>O</u> 13.		(4) AS-14 — Glass/ (8) Other (specify):	Plastic
(0) No door/gate/hatch or door not ope Door, Tailgate or Hatch Came Open Dur		(9) Unknown	
(1) Door operational (no damage)	mg Comsion	Window Broomsh C	aning Status
(2) Latch/striker failure due to damage (3) Hinge failure due to damage		Window Precrash Gi	
(4) Door structure failure due to damage	0	39. WS <u>/</u> 40. LF <u></u>	△41. RF <u>⊘</u> 42. LR <u></u>
(5) Door support (i.e., pillar, sill, roof si etc.) failure due to damage		44. BL <u></u> 45. Roof	<u> </u>
(6) Latch/striker and hinge failure due to(8) Other failure (specify):	o damage	(1). Fixed	oct and no damage, or no glazing
(9) Unknown		(2) Closed (3) Partially opened	

(4) Fully opened (9) Unknown



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Meas COMPARISON · VALUE —	urements Are In Centimeters) INTRUDED VALUE =	INTRUSION	DOMINANT CRUSH DIRECTION
21	SIDE PONEC	92 -	78 =	14	LAT
31	11. 11.	92-	88 =	4	1/
			=	7	
			.=		
			=		
		-			
		_	=		
		. –	=		
		_	; x =		
		_	=		
			=		
			=	**************************************	
		_	=		
		-	=		
		_	=		

		OCCUP	ANT AR	EA INTRUSION
Note: If no	o intrusions, leave va	riables IV47-IV8	6 blank.	INTRUDING COMPONENT
Fig. 1 1 1 1 10000000000000000000000000000	ocation of Intruding ntrusion Componen	Magnitude t of Intrusion	Dominant Crush Direction	Interior Components (01) Steering assembly (02) Instrument panel left
1st 47.	96 	<u>8</u> 49. <u>~</u> !	50	(03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A (A1/A2)-pillar
2nd 51.	2/ 52.2	<u>Z</u> 53 !	54. <u> </u>	(07) B-pillar (08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top)
3rd 55.	56	57 !	58	(12) Roof (of convertible top) (13) Roof side rail (14) Windshield (15) Windshield header (16) Window frame
4th 59.	60	61 (62	(17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back
5th 63.	64	65 6	66	(21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion
6th 67.	68	69	70	(25) Back door/panel (e.g., tailgate) (26) Other interior component (specify):
7th 71.	72	73	74	(27) Side panel - forward of the A (A2)-pillar (28) Side panel - rear of the A (A2)-pillar
8th 75.	76	77 1	78	(30) Hood (31) Outside surface of this vehicle (specify): (32) Other exterior object in the environment
9th 79.	80	81	82	(specify):(33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s)
10th 63.	84	85	86	(specify): (99) Unknown
Front S (11) (12) (13) Second (21) (22)	Left (4 Middle (4 Right (4 Seat (9 Left (9 Middle	th Seat 1) Left 2) Middle 3) Right 7) Catastrophic 8) Other enclos area (specify	sed v)	MAGNITUDE OF INTRUSION (1) ≥ 3 centimeters but < 8 centimeters (2) ≥ 8 centimeters but < 15 centimeters (3) ≥ 15 centimeters but < 30 centimeters (4) ≥ 30 centimeters but < 46 centimeters (5) ≥ 46 centimeters but < 61 centimeters (6) ≥ 61 centimeters (7) Catastrophic (9) Unknown
Third So (31)	eat Left Middle	とれたこ。Av 9) Unknown		DOMINANT CRUSH DIRECTION (1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown

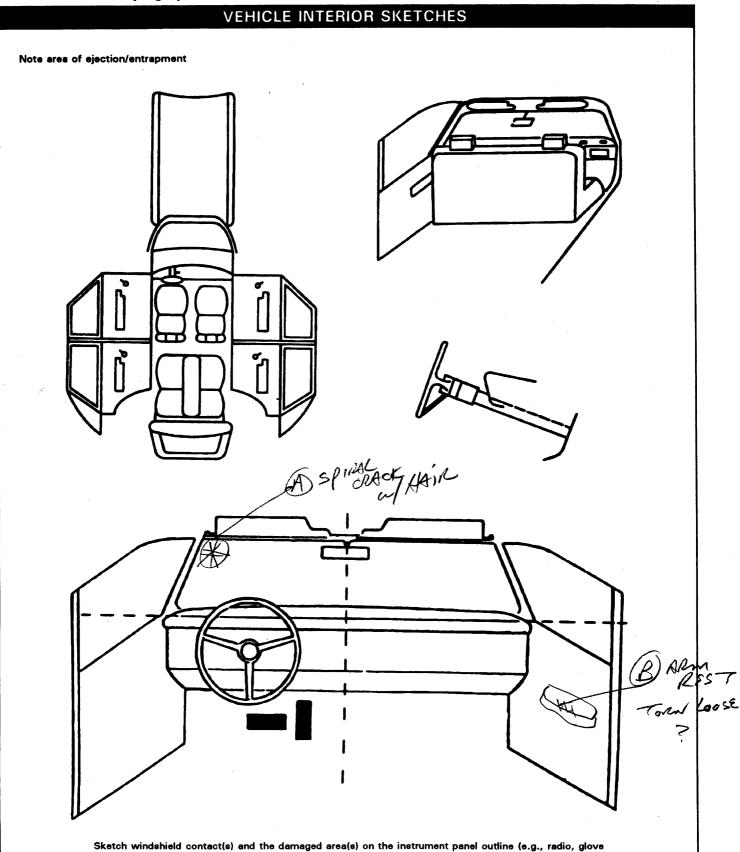
(All Measurements Are in Centimeters)						
COMPARISON VALUE - DAMAGE VALUE = DEFORMATION						
	_		=			
	_		=			
	_		=			
	_		=			
- - -						
•						

STEERING COLUMN	93. Location of Steering Rim/Spoke
87. Steering Column Type (1) Fixed column	Deformation (00) No steering rim deformation
(2) Tilt column(3) Telescoping column(4) Tilt and telescoping column(8) Other column type (specify):	Quarter Sections (01) Section A (02) Section B (03) Section C
(9) Unknown	(04) Section D
	Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown
	INSTRUMENT PANEL
89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	94. Odometer Reading kilometers—Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	(999) Unknown
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown
92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters	96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
(15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown	97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown

compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.



		POIN	TS OF OC	CUPANT CONTA	Cl		
Contac	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting P	nysical E	Evidence	Confiden Level o Contac Point
Α	01	/	HEAD				/
В	3/	7	7	SPIRAC CO	<u> </u>		Ź
С			•	10:20 2002	<u>C</u>		
D					m		
E							
F							
G							
Н							
ı							
J							-
K							
L							
М							
N							
(05) St (06) St	teering wheel rim teering wheel hub/spok teering wheel (combina codes 04 and 05)		(26) Left side one or m frame, w	window glass or frame window glass including ore of the following: indow sill, A (A1/A2)-pillar, or roof side rail.		Other interior object	
(07) St	eering column, transm lector lever, other atta		•	t side object (specify):	ROOF	Front header	
(08) Ad	dd on equipment (e.g.,		(28) Left side	window sill	(51)	Rear header	
	ick, air conditioner) ift instrument panel an	d below Ri	GHT SIDE		(52) (53)	Roof left side rail Roof right side rail	
(10) Ce	enter instrument panel	and below	(30) Right sid	e interior surface,		Roof or convertible t	top
	ght instrument panel a ove compartment door			hardware or armrests hardware or armrest	FLOOR		
	nee bolster			A1/A2)-pillar		Floor (including toe	pan)
	indshield including one the following: front he		(33) Right B-p (34) Other rig	illar ht pillar (specify):	(57)	Floor or console mot transmission lever, in	
	(A1/A2)-pillar, instrum irror, or steering assem		(35) Right eid	e window glass or frame	/F.Q.\	console Parking brake handle	
sic	de only)			e window glass including		Foot controls includi	
_	indshield including one the following: front he			ore of the following: indow sill, A (A1/A2)-pillar,		brake	
Α	(A1/A2)-pillar, instrum	ent panel, or	-	r roof side rail.	REAR		
	irror (passenger side or iver side air bag compa	••	(37) Other rig	ht side object (specify):		Backlight (rear winde Backlight storage rad	
	ver issenger side air bag		(38) Right sid	e window sill		Other rear object (sp	
СО	mpartment cover		TERIOR				· · · · · · · · · · · · · · · · · · ·
	indshield reinforced by		(40) Seat, bac				
	iject (specify): ther front object (speci			aint webbing/buckle aint B-pillar at point		CONFIDENCE LEVE	
			(43) Other res	traint system component		CONTACT POIN	f I
FT SIDE	ft side interior surface,		(specify): (44) Head res			(1) Certain.	
	cluding hardware or ar			use codes "16" and "17"	1	(2) Probable (3) Possible	
	ft side hardware or arr ft A (A1/A2)-pillar	nrest	-	s sustained from air bag nent covers)	1	(9) Unknown	

	<u></u>	AIR BAGS	
		Left	Right
F	Availability/Function		
Ŕ	Deployment	·	
S T	Failure		
(0) (1) <i>Noi</i> (2) (3)	g System Availability/Function Not equipped/not available Air bag n-functional Air bag disconnected (specify): Air bag not reinstalled Unknown	Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	Are There Indications of Air Bag System Failure? (0) Not equipped not available (1) No (2) Yes (specify): (9) Unknown
		AUTOMATIC BELTS	7
	A !! - L !!!a /F a !	Left	Right
F	Availability/Function		
1	Use		
R S	Type		
Т	Proper Use		
	Failure Modes	<u> </u>	
(0) (1) (2) (3) (4) (9) (1) (2) (3) (9)	atic (Passive) Belt System bility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown atic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown atic (Passive) Belt System Type	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing reincluded) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify) (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify) (9) Unknown
(0) (1) (2)	Not equipped/not available Non-motorized system Motorized system Unknown	system (specify): (9) Unknown	

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
_	Availability	4	0	4
ĺ	Evidence of usage	00	00	60
R	Used in this crash?	No	ð	VE5
S	Proper Use	0	B	17
•	Failure Modes		. 1	/
c	Availability	0		0
Ĕ	Evidence of usage	00		00
SECO	Used in this crash?	No		NO
Ň	Proper Use	0		ð
D	Failure Modes			đ.
0	Availability			
O T	Evidence of usage			
H	Used in this crash?			
E R	Proper Use			
ĸ	Failure Modes		- Caraller Control of the Control of	The state of the s

- None available
- Belt removed/destroyed
- (2) Shoulder belt
- Lap belt (3)
- Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt
- removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03)Lap belt
- (04)Lap and shoulder belt
- (05)Belt used - type unknown
- Other belt used (specify): (08)
- Shoulder belt used with child safety seat
- (13)Lap belt used with child safety seat
- (14)Lap and shoulder belt used with child safety seat
- Belt used with child safety seat type unknown
- Other belt used with child safety seat (specify):
- (99)Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- Shoulder belt worn under arm
 Shoulder belt worn behind back or seat (4)
- Belt worn around more than one person
- Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- Broken buckle or latchplate
- Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFET	TY SEAT FIELD ASSESSMENT
When a child safety seat is present enter the	e occupant's number in the first row and complete the column below ted below. Complete a column for each child safety seat present.
Occupant Number	
Type of Child Safety Seat	
2. Child Safety Seat Orientation	
Child Safety Seat Harness Usage	
4. Child Safety Seat Shield Usage	
5. Child Safety Seat Tether Usage	
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat
Type of Child Safety Seat On No shild safety seat	3. Child Safety Seat Harness Usage
 (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify) 	 4. Child Safety Seat Shield Usage 5. Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5. y): (00) No child safety seat
(8) Unknown child safety seat type (9) Unknown if child safety seat used	Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether
 Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing 	added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used
(02) Forward facing (08) Other orientation (specify):	Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify):	Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used
(19) Unknown orientation	(99) Unknown if child safety seat used
Unknown Design of Orientation For This Age/Weight, or:Unknown Age/Weight (21) Rear facing (22) Forward facing	6. Child Safety Seat Make/Model (Specify make/model and occupant number)
(28) Other orientation (specify):	
(29) Unknown orientation	
(99) Unknown if child safety seat used	

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage		0	/
R	Seat Type	10	00	10
S	Seat Performance	1	8	<u></u>
	Seat Orientation	l	0	/
s	Head Restraint Type/Damage	0	0	0
S E C	Seat Type	09	00	09
0	Seat Performance	1	0	1
D	Seat Orientation		O	1
Т	Head Restraint Type/Damage			
H	Seat Type			
R	Seat Performance			
ט	Seat Orientation			
0	Head Restraint Type/Damage			
H	Seat Type			
E R	Seat Performance			
η .	Seat Orientation			

Head	Restraint	Type/Damage	by	Occupant	at	This
	oant Positi		-	•		

- (0) No head restraints
- (1)
- Integral no damage Integral damaged during accident (2)
- (3) Adjustable - no damage
- (4) Adjustable - damaged during accident
- (5)
- Add-on no damage
 Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) **Bucket**
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
 BOL7 IN AF 75/LMKT CHAIRS Box mounted seat (i.e., van type) (10)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.							
EJECTION No [] Yes []				- · · · · · · · · · · · · · · · · · · ·		
Describe indications of ejection and	J body parts in	nvolved in par	tial ejection	n(s):			
							
Occupant Number							
Ejection							
(Note on Vehicle Interior Sketch) Ejection Area							
Ejection Medium							
Medium Status							1
<u> </u>	Τ			_			
Ejection (1) Complete ciection	(7) Roof		<u> -</u>		ntegral stru		
(1) Complete ejection(2) Partial ejection		(8) Other area (e.g., back of pickup, etc.) (specify):		(8) Other medium (specify):			:
(3) Ejection, Unknown degree (9) Unknown				(9) Ū	Inknown		
(9) UNKNOWN	(9) Unkno	own		Medium	n Ctatus (j	mmediately !	Dring
Ejection Area	Ejection Me			to Impa	act)	Allitoulatory .	Piloi
(1) Windshield (2) Left front		/hatch/tailgate ixed roof struc		(1) 0)pen		
(3) Right front	(3) Fixed		ture		ilosed ntegral stru	·otura	
(4) Left rear		ixed glazing (s	pecify):		negrai siru Inknown	Cluie	
(5) Right rear		-					
(6) Rear	<u> </u>					· <u> </u>	·- <u></u>
ENTRAPMENT No [/ Yes	[]						-
Describe entrapment mechanism:	•						
							
	*					·	
- · · ·						· · · · · · · · · · · · · · · · · · ·	
Component(s):							
(Note in vehicle interior diagram)			_				



OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

National Highway Traffic Safety

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration .	OCCUPANT'S SEATING
1. Primary Sampling Unit Number	, /
2. Case Number - Stratum 072 <u>7</u>	10. Occupant's Seat Position
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number	(13) Right side
OCCUPANT'S CHARACTERISTICS	(14) Other (specify): (15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown (66 inches X 2.54 = 168 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area
8. Occupant's Weight Code actual weight to the nearest	(98) Other seat (specify):(99) Unknown
kilogram. (999)Unknown $\frac{\sqrt{20} \text{ pounds X .4536}}{\sqrt{20} \text{ pounds X .4536}} = \frac{\sqrt{20} \text{ kilograms}}{\sqrt{20} \text{ kilograms}}$	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

EJECTION/ENTRAPMENT				
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown			
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown			
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown				

RESTRAINT SYSTEM EVALUATION					
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled				
(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	(9) Unknown 22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)				
(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	(9) Unknown 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts				
Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown"				
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):					

HEAD RESTRAINT AN	ID SEAT EVALUATION
25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):
(9) Unknown	(7) Combination of above (specify):
26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back	(8) Other (specify): (9) Unknown
(03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify):	
(10) Box mounted seat (i.e., van type) (99) Unknown	

ETY SEAT
31. Child Safety Seat Harness Usage
32. Child Safety Seat Shield Usage
33. Child Safety Seat Tether Usage
Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

INJURY CONSEQUENCES	97
34. Injury Severity (Police Rating) (0) 0 - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident	38. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
(9) Unknown 35. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	STOP - GO TO VARIABLE 44 ON PAGE 7 VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER 39. Time to Death Code number of hours from time of
Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify): (9) Unknown	accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown
36. Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown	40. 1st Medically Reported Cause of Death 41. 2nd Medically Reported Cause of Death 42. 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause
37. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown
	43. Number of Recorded Injuries for This Occupant // Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured

	AUTOMATIC BELT SYSTEM		
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	48.	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):
	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown	49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown		Check the Primary Source Used In Determining Belt Use.
47.	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown		[] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify): [] Unknown if belt used
	ARE ALL APPLICABLE MEDICAL RECOFWITH INITIAL SUBMISSION?	RDS	INCLUDED NO [YES []
!	UPDATE CANDIDATE?		NO[] YES[V

STOP - VARIABLES 50 THROUGH 53 AF	łΕ	BELT USE DETERMINATION
STOP - VARIABLES 50 THROUGH 53 AF COMPLETED BY THE ZONE CENTER		53. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative
TRAUMA DATA		(1) Vehicle inspection
50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured	2	(2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given	_1_	
52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured		
	,	

Administration

U.S. Department of Transportation

National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

8 /

3. Vehicle Number

0/

2. Case Number - Stratum

072F

4. Occupant Number

01

INJURY DATA

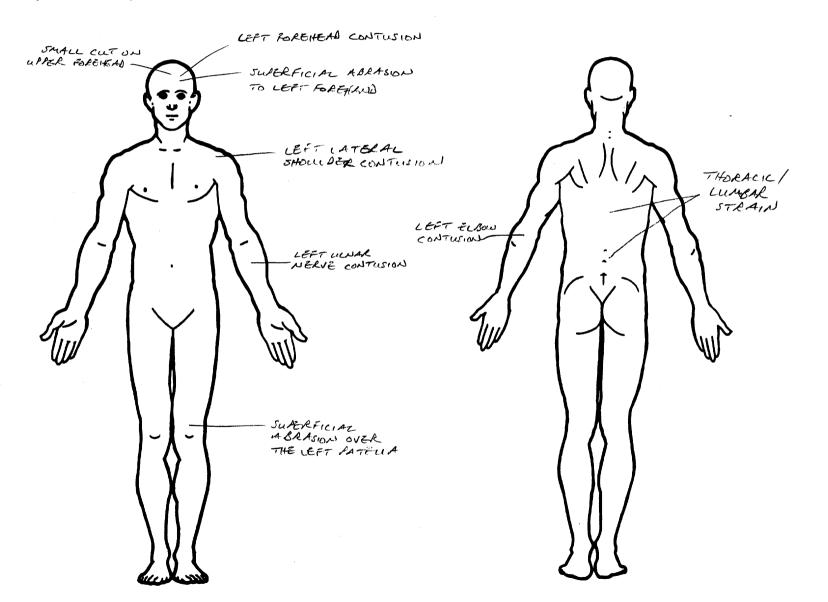
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

				A.I.S	90				Injury		Occupant
	Source of Injury Data		Type of Anatomi Structur	ic Anatomic	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence I	Direct/ ndirect Injury	Area Intrusion Number
1st	5. <u>3</u>	6. <u>7</u>	7. <u>3</u>	8. <u>0 4</u>	9. <u>۱</u> <u>۵</u>	10. <u>[</u>	11. <u>Z</u>	12. <u>2</u> <u>8</u>	13. <u>l</u> 14.	<u>1.</u>	5. <u>0 0</u>
2nd	16. <u>3</u>	17. <u>2</u>	18. <u>-</u>	19. 💆 💆	20 . <u>> Z</u>	21	22. 7	23. <u>O (</u>	24. <u> </u> 25.	<u>l</u> 2	16. <u>ఎ</u>
3rd	27. <u>3</u>	28. <u>2</u>	299	30. <u>24</u>	31. <u>O</u> <u>2</u>	32. <u>l</u>	33. <u>7</u>	34, <u>0 1</u>	35. <u> </u>	<u>.l</u> s	17. <u>0 0</u>
4th	38. 3	39. <u>2</u>	40. <u></u>	41. 0 6	42. 02	43. <u> </u>	44. <u> </u>	4 5. <u>0 /</u>	46. <u> </u> 47.	<u>. (</u> 4	18. <u>오스</u>
5th	49 . <u></u> 3	506	51. <u>4</u>	52. <u>0 4</u>	53. <u>7 8</u>	54 . <u>(</u> _	55. <u>7</u>	56. <u>9 7</u>	57. <u>ိ</u> 58.	<u>. 7</u> :	i9. <u>ර ප</u>
6th	60. <u>3</u>	61. 6	62. <u>4</u>	63. <u>D</u> <u>6</u>	64. <u>7</u> 8	65. <u> </u>	66. 💆	67. <u>9</u> 7	68. <u>9</u> 69.	<u> </u>	10. <u>O O</u>
7th	71. <u>3</u>	72 . <u>7</u>	73. <u>9</u>	740 4	75 . <u>6</u> <u>2</u>	76. <u>′</u>	77. <u>Z</u>	78. 2 2	79 80.	1	11. <u>0 0</u>
8th	82. <u>3</u>	83	84. 9	85. <u>0</u> 2	86. 0 2	87. <u>/</u>	88. <u>1</u>	89. <u>0 4</u>	90. 2 91.	<u> </u>	92. <u>^</u> ^
9th	93. <u>3</u>	947	95. 9	96. <u>0 </u>	97. <u>0</u> 2	98.	99. <u>Z</u>	100. <u>Z </u>	101 102.	<u>.</u> 10)3. <u>ဝ ဗ</u>
10th	104	105. 7	106 9	107. <u>0 4</u>	108 0 2	109. 🔼	110. <u>/</u>	111. <u>으</u> 면	112. <u>3</u> 113	. <u>)</u> 1	14. <u>'</u>

HS Form 433B (1/94)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT INJURY DATA											
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th							_		_		
12th										<u> </u>	
13th 14th										<u></u>	
15th										<u></u>	
16th							_		-		-
17th							_		_		
18th 19th		_	<u>-</u>			_ 	_				
20th						_			-		
21st						<u>-</u>			_	<u>-</u>	
22nd 23rd							<u></u>	-			
2310 24th		. .				——————————————————————————————————————	_ _		— —	_	
25th						<u></u>	—				——



SOURCE OF INJURY DATA

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- Private physician, walk-in or emergency

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):
- (19) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- Other restraint system component (specify):
- Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible ton

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking

Specific Anatomic Structure

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75)Windshield, roof rail, A-pillar
- (76) Side surface
- (77)Side mirrors
- Other side protrusions (specify)
- Rear surface
- Undercarriage
- Tires and wheels
- Other exterior of other motor vehicle
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE

- ENVIRONMENT (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- Unknown

DIRECT/INDIRECT INJURY

- Direct contact injury
- (2)Indirect contact injury Noncontact injury
- (7)Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- Head
- Face
- (3) Neck (4) Thorax
- Abdomen
- (6) Spine Upper Extremity
- Lower Extremity Unspecified

Type of Anatomic Structure

- Whole Area
- (2) Vessels
- Nerves (4) Organs (includes muscles/
- ligaments) Skeletal (includes joints) Head - LOC
- Skin

- Whole Area (02) Skin Abrasion (04) Skin - Contusion (06) Skin - Laceration
 - Skin Avulsion (10) Amputation
 - Burn (20)
 - Crush (40)

 - Degloving Injury NFS Trauma, other than mechanical (50)

Head - LOC

- (02) Length of LOC (04, 06, 08) Level of Consciousness

- (02) Cervical (04) Thoracic (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- Minor injury
- Moderate injury
- Serious injury (3) Severe injury
- Critical injury (5)
- Maximum (untreatable) Injured, unknown severity

Aspect

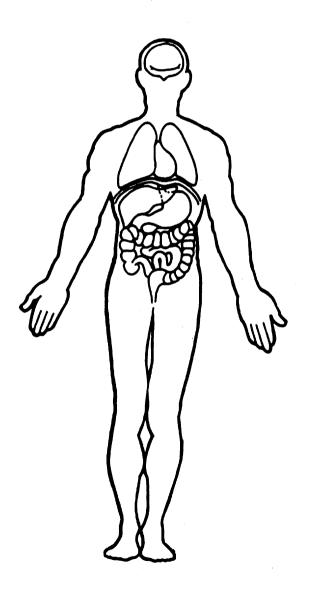
- Right
- Bilateral
- Central Anterior
- (6) Posterior
- Inferior
- Unknown Whole region
- Superior (7) (8)

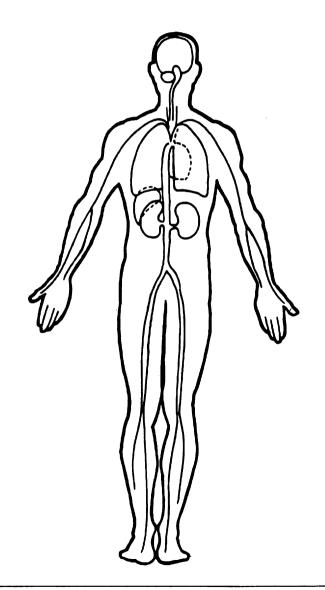
Page 3

		. · · · · · · · · · · · · · · · · · · ·
	OFFICIAL INJURY DA	ATA — SKELETAL INJURIES
Restrained?NoYes	Indicate the Location, Specific Anatomic Structure, Detail (size, Source of all injuries indicated by official sources (or from PAR of unavailable.)	depth, fracture type, head injury clinical signs and neurological deficits), and or other unofficial sources if medical records and interviewee data are
Blood Alcohol Level (mg/dl) BAL =	600	
Glasgow Coma Scale Score GCSS =		
Units of Blood Given Units =		
Arterial Blood Gases		
pH = PO ₂ =	\\\ \\ \	
PCO ₂		
нсо,		

OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety Administration

Administration	OCCUPANT'S SEATING
1. Primary Sampling Unit Number	12
2. Case Number - Stratum 0725	Front Seat
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number	(13) Right side (14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 69 inches X 2.54 = 175 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify):
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 210 pounds X .4536 = 95 kilograms	(99) Unknown 11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

en e	JECTION/E	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	<u>O</u> .	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, et (specify): (9) Unknown	C.)	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify):		
(9) Unknown		

RESTRAINT SYST	EM EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify):
Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	(3) Air bag not reinstalled (9) Unknown
(8) Other belt (specify): (9) Unknown	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just
18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt	prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed
(03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat	 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown
(13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used	23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown
19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify):	(9) Police indicated "unknown"
(8) Other manual belt failure (specify): (9) Unknown	
1 (0) Olikilowii	i e

		HEAD RESTRAINT AN	D SEAT EVALUATION
25.	at TI (0) (1) (2) (3) (4) (5) (6)	Restraint Type/Damage by Occupant his Occupant Position No head restraints Integral—no damage Integral—damaged during accident Adjustable—no damage Adjustable—damaged during accident Add-on—no damage Add-on—damaged during accident Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):
	(9)	Unknown	(7) Combination of above (specify):
26.	(00) (01)	Type (this Occupant Position) Occupant not seated or no seat Bucket Bucket with folding back	(8) Other (specify): (9) Unknown
	(03) (04) (05) (06) (07) (08) (09)	Bench Bench with separate back cushions Bench with folding back(s) Split bench with separate back cushions Split bench with folding back(s) Pedestal (i.e., column supported) Other seat type (specify): AFTYL MICT (SOCT M) Box mounted seat (i.e., van type) Unknown	

	CHILD SA	AFETY SEAT
28.	Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	31. Child Safety Seat Harness Usage 32. Child Safety Seat Shield Usage 33. Child Safety Seat Tether Usage
	(998) Unknown make/model (999) Unknown if child safety seat used	Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

INJURY CONSEQUENCES	38. Working Days Lost 97
34. Injury Severity (Police Rating)	Code the number of days (up through 60) that the occupant
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury	lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured
 (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident 	(97) Not working prior to accident (99) Unknown
(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7 VARIABLES 39 THROUGH 43 ARE
35. Treatment - Mortality (0) No treatment (1) Fatal	COMPLETED BY THE ZONE CENTER
(2) Fatal - ruled disease (specify):	39. Time to Death Code number of hours from time of accident to time of death up through 24
Nonfatal (3) Hospitalization (4) Transported and released	hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day =
(5) Treatment at scene - nontransported(6) Treatment later	31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal
(8) Treatment - other (specify): (9) Unknown	(96) Fatal - ruled disease (99) Unknown
36. Type Of Medical Facility (for Initial Treatment)	40. 1st Medically Reported Cause of Death
(0) Not treated at a medical facility (1) Trauma center	41. 2nd Medically Reported Cause of Death
(2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility	42. 3rd Medically Reported Cause of Death
(8) Other (specify):	this occupant's death (00) Not fatal or no additional causes
(9) Unknown 37. Hospital Stay	(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
(00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital.	(97) Other result (includes fatal ruled disease) (specify):
(61) 61 days or more (99) Unknown	(99) Unknown
	43. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured

	AUTOMATIC BELT SYSTEM		48.	Automatic (Passive) Belt Failure Modes	
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown	<u>O</u>		During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):	
	Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown			(6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown	
45.	Automatic (Passive) Belt System Use	<u></u>		(9) Unknown	
	 (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 		49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):	
46.	Automatic (Passive) Belt System Type	0		(9) Unknown	
	(0) Not equipped/not available(1) Non-motorized system(2) Motorized system(9) Unknown	·			
		- 1		Check the Primary Source Used In Determining Belt Use.	
47.	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly	0		[] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify): [] Unknown if belt used	
	 (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn 				
	on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):				
	(8) Other improper use of automatic belt syste (specify):	m			
	(9) Unknown			/	
	ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED NO [YES [] WITH INITIAL SUBMISSION?				
	UPDATE CANDIDA	TE?		NO [// YES []	

STOP - VARIABLES 50 THROUGH 53 ARE	BELT USE DETERMINATION
COMPLETED BY THE ZONE CENTER	53. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed
TRAUMA DATA	or rendered inoperative (1) Vehicle inspection
50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured	(2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given	
52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured	

PSU NUMBER

CASE NUMBER

VEHICLE NUMBER

OCCUPANT NUMBER

02

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

N	ENTIRE FORM
[]	Page Number (s)



U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety
Administration

dministration	COOLID ANTICO OF A TIME
1. Primary Sampling Unit Number	OCCUPANT'S SEATING
2. Case Number - Stratum	10. Occupant's Seat Position Front Seat 24
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number <u>0</u> <u>3</u>	(13) Right side OCC. い SEAT NOT ORIG. (14) Other (specify): MANGEATURED W/VEH.
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown (a 2 inches X 2.54 = 173 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 150 pounds X .4536 = 068 kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

	EJE	CTION/E	NTRAPMENT
12.	Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	<u>0</u>	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13.	Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	_Q_	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14.	Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	<u>O</u>	

	RESTRAINT SYST	TEM EVALUATION
17.	Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag
	(3) Lap belt(4) Lap and shoulder belt(5) Belt available—type unknown	Non-functional (2) Air bag disconnected (specify):
	Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	(3) Air bag not reinstalled (9) Unknown
	(8) Other belt (specify):	22. Air Bag System Deployment (0) Not equipped/not available
	(9) Unknown	(1) Air bag deployed during accident (as a result of impact)
18.	Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed	(2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence
	(01) Inoperative (specify):	undetermined (4) Nondeployed
	(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt	 (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire,
	(05) Belt used—type unknown (08) Other belt used (specify):	explosion, electrical) (9) Unknown
	 (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child 	23. Are There Indications of Air Bag
	safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat	System Failure? (0) Not equipped/not available (1) No
	(specify): (99) Unknown if belt used	(2) Yes (specify):
10	Proper Lies of Manual (Active) Polts	(9) Unknown
19.	Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
	Belt Used Improperly (3) Shoulder belt worn under arm	24. Police Reported Restraint Use
	(4) Shoulder belt worn behind back or seat(5) Belt worn around more than one person(6) Lap belt worn on abdomen	(0) None used (1) Police did not indicate restraint use (2) Shoulder belt
	(7) Lap belt world on abdomers (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):	(3) Lap belt (4) Lap and shoulder belt
	(8) Other improper use of manual belt system (specify):	(5) Belt used, type not specified (6) Child safety seat
	(9) Unknown	(7) Other or automatic restraint (specify): (8) Restrained, type unknown
20.	Manual (Active) Belt Failure Modes	(9) Police indicated "unknown"
	During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not	
	included) (3) Broken buckle or latchplate	
	(4) Upper anchorage separated(5) Other anchorage separated (specify):	
	(6) Broken retractor (7) Combination of above (specify):	
	(8) Other manual belt failure (specify):	
1	(9) Unknown	1

		HEAD RESTR	RAINT AN	SEAT EV	ALUATION		-
25.	at This ((0) No (1) Inte (2) Inte (3) Adj (4) Adj (5) Adc (6) Adc (8) Oth	estraint Type/Damage by Occupant Occupant Position head restraints egral—no damage egral—damaged during accident justable—no damage justable—damaged during accident d-on—no damage d-on—damaged during accident her (specify):		(0) Oc: (1) No (2) Sea (3) Sea (sp (4) Sea (5) Det	erformance (this Occupant not seated of seat performance fat adjusters failed at back folding lock secify): at track/anchors failed in track/anchors failed formed by impact of formed by passengerecify):	or no seat failure(s) s or "seat back led f occupant	 ¶ failed
26.	Seat Typ (00) Oc (01) Bu (02) Bu (03) Bei (04) Bei (05) Bei	pe (this Occupant Position) ccupant not seated or no seat cket cket with folding back	1 <u>0</u>		mbination of above ner (specify): known	(specify):	
	(08) Pec (09) Otl	lit bench with folding back(s) destal (i.e., column supported) her seat type (specify): x mounted seat (i.e., van type) sknown					

CHILD SAF	FETY SEAT
28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS	31. Child Safety Seat Harness Usage
Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	32. Child Safety Seat Shield Usage
(998) Unknown make/model (999) Unknown if child safety seat used	Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used
20. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used	(19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

INJURY CONSEQUENCES	38. Working Days Lost
34. Injury Severity (Police Rating)	Code the number of days (up through 60) that the occupant
(0) O - No injury	lost from work due to the accident
(1) C - Possible injury	(00) No working days lost (61) 61 days or more
(2) B - Nonincapacitating injury	(62) Fatally injured
(3) A - Incapacitating injury (4) K - Killed	(97) Not working prior to accident
(5) U - Injury, severity unknown	(99) Unknown
(6) Died prior to accident	
(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
	VARIABLES 39 THROUGH 43 ARE
35. Treatment - Mortality	COMPLETED BY THE ZONE CENTER
(0) No treatment (1) Fatal	
(2) Fatal - ruled disease (specify):	39. Time to Death
	Code number of hours from time of
	accident to time of death up through 24
Nonfatal	hours. If time of death is greater than 24
(3) Hospitalization (4) Transported and released	hours, code number of days. (Note: 1 day =
(5) Treatment at scene - nontransported	31, 2 days = 32, n days = 30 +n up through 30 days = 60)
(6) Treatment later	(00) Not fatal
(8) Treatment - other (specify):	(96) Fatal - ruled disease
(9) Unknown	(99) Unknown
(a) Olikilowii	
36. Type Of Medical Facility (for Initial Treatment)	40. 1st Medically Reported Cause of Death _ O _ O
(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death
(1) Trauma center	
(2) Hospital (3) Medical clinic	42. 3rd Medically Reported Cause of Death
(4) Physician's office	Code the Occupant Injury from line number(s) for the medically reported
(5) Treatment later at medical facility	injury(s) which reportedly contributed to
(8) Other (specify):	this occupant's death
(9) Unknown	(00) Not fatal or no additional causes
(9) Olikilowii	(96) Mode of death given but specific injuries are not linked to cause
	of death. (specify):
37. Hospital Stay	
(00) Not Hospitalized	(97) Other result (includes fatal ruled
Code the number of days (up through 60) that the occupant stayed in hospital.	disease) (specify):
(61) 61 days or more	(99) Unknown
(99) Unknown	(55) Sindistrii
	43. Number of Recorded Injuries for
	This OccupantOO
	Code the actual number of
	injuries recorded for this occupant.
	(00) No recorded injuries (97) Injured, details unknown
	(99) Unknown if injured

	AUTOMATIC BELT SYSTEM	10. 4	التبسر
	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	48. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not inc (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):	cluded)
	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown	49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown	
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	Check the Primary Source Used In Determini Use.	ng Belt
47.	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown	[] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify): [] Unknown if belt used	
	ARE ALL APPLICABLE MEDICAL RECOF	DS INCLUDED NO [V] YES []	_
	UPDATE CANDIDATE?	NO [V] YES []	

STOP - VARIABLES 50 THROUGH 53	ARE	BELT USE DETERMINATION
STOP - VARIABLES 50 THROUGH 53 COMPLETED BY THE ZONE CENTER TRAUMA DATA		53. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection
50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the		(2) Official injury data
initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured		
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given		
52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or report (02-50) Code the actual value of theHCO ₃ (96) ABGs reported , HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured	ed	
•		

PSU NUMBER

CASE NUMBER

VEHICLE NUMBER

OCCUPANT NUMBER

03

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

M	ENTIRE FORM	
[]	PAGE NUMBER (S)	

	OCCUPANT RELATED	24 Pallaces
16.	Driver Presence in Vehicle (0) Driver not present	24. Rollover (0) No rollover (no overturning)
	(1) Driver present (9) Unknown	Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only
	(3) Olikilowii	(2) Rollover, 2 quarter turns
17.	Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle	(3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify):
	(97) 97 or more (99) Unknown	(5) Rolloverend-over-end (i.e., primarily about the lateral axis)
18.	Number of Occupant Forms Submitted	(9) Rollover (overturn), details unknown
	VEHICLE WEIGHT ITEMS	OVERRIDE/UNDERRIDE (THIS VEHICLE)
19.	Vehicle Curb Weight	25. Front Override/Underride (this Vehicle)
	10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more	26. Rear Override/Underride (this Vehicle)
	(999) Unknown lbs X .4536 = 1,295 kgs	(0) No override/underride, or not an end-to-end impact
		Override (see specific CDC) (1) 1st CDC
		(2) 2nd CDC
20.	Vehicle Cargo Weight	(3) Other not automated CDC (specify):
	(000) Less than 5 kilograms (450) 4,500 kilograms or more	Underride (see specific CDC) (4) 1st CDC
	(999) Unknown	(5) 2nd CDC (6) Other not automated CDC (specify):
	, lbs X .4536 =, kgs	
	RECONSTRUCTION DATA	(7) Medium/heavy truck or bus override
21.	Towed Trailing Unit (0) No towed unit	(9) Unknown
	(1) Yes—towed trailing unit (9) Unknown	HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
22.	Documentation of Trajectory Data for This Vehicle	Values: (000)-(359) Code actual value (997) Noncollision
	(0) No (1) Yes	(998) Impact with object (999) Unknown
23.	Post Collision Condition of Tree or Pole	27. Heading Angle For This Vehicle
	(For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole	28. Heading Angle For Other Vehicle <u>090</u>
	(1) Not damaged (2) Cracked/sheared	
	(3) Tilted <45 degrees (4) Tilted ≥45 degrees	
	(5) Uprooted tree(6) Separated pole from base	
	(7) Pole replaced(8) Other (specify):	
	(9) Unknown	

- 1	Contigur- ation		ACCIDENT TY	PES (Includes Inte	nt)		
	A Right Roadside Departure	DRIVE OFF	CONTROL/ TRACTION LO	AVOID COL	LISION PED., ANIM.	04 SPECIFICS OTHER	06 SPECIFICS UNKNOWN
Single Driver	B Left Roadside	08	CONTROL	07 00 1	, 	00 SPECIFICS	10 SPECIFICS
- h	Departure	DRIVE OFF ROAD	TRACTION LO		PED., ANIM.	OTHER	UNKNOWN
1	C Forward Impact		STA. OBJECT PER	DESTRIAN/ END	ARTURE	SPECIFICS OTHER	SPECIFICS UNKNOWN
1	D Kear-End	20	21 24	25 23 23 27 DECEL.	30 	(EACH • 32)	(EACH • 33)
Sane Trafficway Sane Direction		\$10PPED 21. 22. 23	\$LOWER 25. 25. 27	28, 39, 31	40 /	SPECIFICS OTHER	UNKNOWN 42) (EACH + 43
II Sane Trafficwa Sane Direction	E Forward Impact	COIT : ···C···		AVOID COLLISION WITH VEH.	AVOID COLLIE	_ 41 HON SPECIFIC	
ļ	F Sideswipe Angle	4 46	46	SPECE OTHER			4 • 49) ICS UNKNOWN
y i	G Head-On	50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	,	CH + 53) CIPICS UNKNOW	/N	
Same Trafficway Oppiwite Direction	H Forward Impact	54 55 CONTROL/ TRACTION LOSS	56 57 CONTROL/ TRACTION LOSS	AVOID COLUBION WITH VEH.	AVOID COLLIE	- 51 HON SPECIFIC	SZHEACH + 6 B SPECIFICS UNKNOWN
	l. Sideswiper Angle	LATERAL MOVE	E (EACH • 65) SPECIFICS OTHER		CH • 67) CIPICS UNKNOW	M	
Change Trafficway Vehicle Turning	J. Turn Across Path	INITIAL OPPOSIT	7	73-72 E DIRECTIONS	<i>,</i>	EPECIFICE OTHER	74) (EACH + 76 SPECIFICS UNKNOWN
IV. Change Trafficw Vehicle Turning	K. Turn Into Path	TURN INTO SAME	78 78 DIRECTION	SO TURN INTO OPPOSI	EZ CE DIRECTIONS	REACH -	84) (EACH • 8 8PECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	1 07	85	8 1	ACH • 90) •ECIFICS •HER	(EACH • SPECIFICE	91) S UNKNOWN
VI Miscel· laneous	M. Backing Eic.	, Harris 1	IS OTHER VEH. DR OBJECT	91	Other Accid Unknown A No Impect	ent Type ccident Type	

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

OTHER DATA	61. Rollover Initiation Object Contacted
56. Driver's Zip Code	
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown 63. Direction of Initial Roll
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car	 (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction PRECRASH DATA
	I ILCHAOTI BITTI
(8) Other (specify):	
	64. Pre-Event Movement (Prior to Recognition of Critical Event)
(8) Other (specify):	64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle
(8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.	64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane
(8) Other (specify): (9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify):	64. Pre-Event Movement (Prior to Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
1.5	(59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
(***)	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 10 cm in diameter)	(68) Other fixed object (specify):
(42) Tree (> 10 cm in diameter)	
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	
	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 10 cm in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 10 cm but \leq 30 cm in	(79) Object fell from vehicle in-transport
diameter)	(88) Other nonfixed object (specify):
(52) Pole or post (> 30 cm in diameter)	
(53) Pole or post (diameter unknown)	(89) Unknown nonfixed object
(54) Concrete traffic barrier	(98) Other event (specify):
(55) Impact attenuator	
(56) Other traffic barrier (includes guardrail)	(99) Unknown event or object



U.S. Department of Transportation

National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

	١.	Primary	Sampling	Unit	Number	_
--	----	---------	----------	------	--------	---

81

3. Vehicle Number

02

2	Caca	Number	- Stratum

072F

VEHICLE IDENTIFICATION

VIN	IE	A	$\geq L$	26	M	<u> XE</u>	<u>上</u>	Model Ye	ar
	•		•			7		· · · ·	

Vehicle Make (specify):

Vehicle Model (specify): Mustang 2

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
/	STARTS AT RF BUMPER	CORNER TO CORNER
	CONSER	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

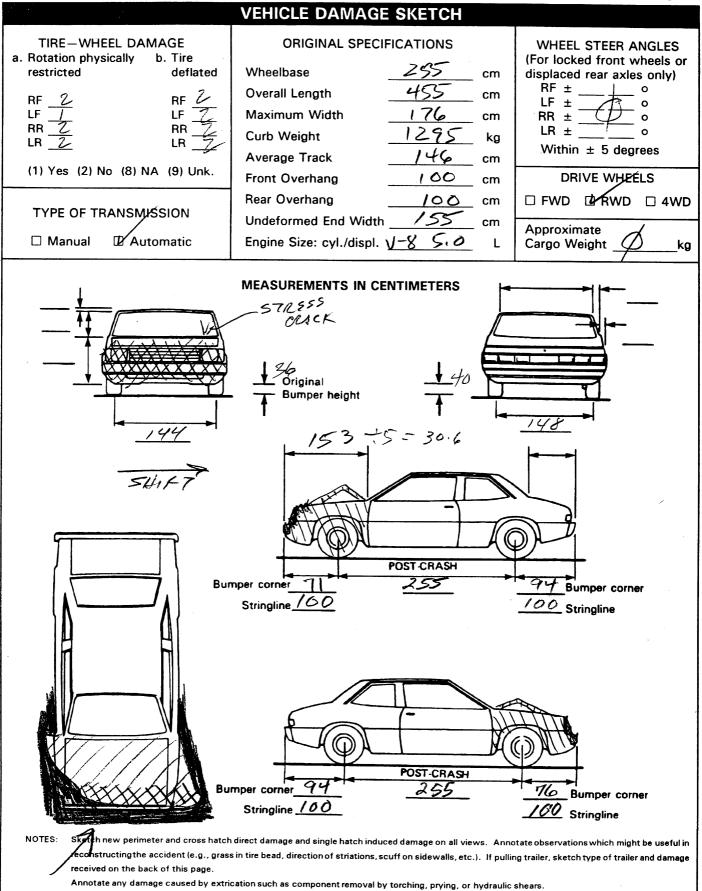
Specific	1	Direct D	amage								ŀ
Impact Number	Plane of Impact C-Measurements	Width (CDC)	Max Crush	Field L	C,	C ₂	C₃	C₄	C _E	Ce	±D
1	PROUT BumpER	155	C-1	150	29	22	18	17	16	24	ϕ
, ,	FRZE SPACE	t i		1,	8	3	0	0	Ŋ	8	
)	FINAL	155	21	150	21	19	18	17	13	16	Ø
											Ĺ
							ļ			·	
				ļ							
				ļ							
				ļ							
				ļ							
				ļ							

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase		_/_0	0.5	inches	x	2.54	=	255	_ cm
Overall Len	gth		9.1	inches	x	2.54	=	455	_ cm
Maximum Wid			9.1	inches	x	2.54	=	176	cm
Curb Weight	the right 266	42,8	24	pounds	x	.4536	=	17.29	kg
Average Tra			6.8	inches	x	2.54	*	144 146	_ cm
Front Overh	ang		·	inches	x	2.54	=	_100	_ cm
Rear Overha	ng	· · · · · · · · · · · · · · · · · · ·		inches	x	2/54	=	160	_ cm
Undeformed	End Width		·	inches	×/	2.54	=		_ cm
Engine Size	: cyl./displ.	V_8	<u></u>	СС	k	.001	=	<u> </u>	_ L
		3	302	CID	/ _x	.0164	=	5.0	<u> </u>

50.6-148 57.0-148

Ufgrade to V8 1208+45=1253



10

		C	ODES FOR	OBJECT CON	TACTED			
(01-30)	- Vehicle Nu	ımber		(57) Fence			
(01 00)	V 0111010 110	3111001		•) Wall			
Noncoll	ision)) Building		•	
	Overturn — r	allavar)) Ditch or			
						Cuiveit		
	Fire or explos	sion		•) Ground	I		
	Jackknife) Fire hyd	irant		
(34)	Other intraun	it damage (speci	fy):) Curb			
			·) Bridge			
(35)	Noncollision i	njury		(68	Other fit	xed object (s	specify):	
(38)	Other noncoll	lision (specify):						
				(69) Unknow	n fixed obje	ct	
(39)	Noncollision -	 details unknov 	vn	_				
• • • •				Collis	ion with No	onfixed Obje	ect	
Collision	n With Fixed C	Object				ehicle not in		
		m in diameter)) Pedestri			
		m in diameter)) Cyclist			
							or conveyand	20
	Shrubbery or			174) Other in	ommotorist c	or conveyant	.e
(44)	Embankment			(3)	· · · · · · · · · · · · · · · · · · ·			
) Vehicle	occupant		
(45)	Breakaway po	ole or post (any o	diameter)	(76	i) Animal			
				(77	•			
Nonbre	akaway Pole o	r Post		(78) Trailer,	disconnecte	d in transpoi	rt
(50)	Pole or post (≤ 10 cm in dian	neter) 🚤) Object f	ell from veh	icle in-trans	port
(51)	Pole or post (> 10 cm but ≤	30 cm in/	/ (88) Other no	onfixed obje	ct (specify):	
	diameter)		- 1	1		-		
(52)	Pole or post (> 30 cm in dian	neter) /	(89) Unknow	n nonfixed	obiect	
		diameter unknov			,			
(55)	. 0.0 0. poot (/ 0	(98	3) Other e	vent (specify	v):	
			4 \	, , , , ,	,	voile (opoon)		
(54)	Concrete traf	fic harrier	<u></u>					
	Concrete traf		7) Unknow	n event or o		
(55)	Impact attenu	Jator	D)) Unknow	n event or o		
(55)	Impact attenue Other traffic		D)) Unknow	n event or o		
(55)	Impact attenu	Jator	D)) Unknow	n event or o		
(55)	Impact attenue Other traffic	uator barrier (includes	guardrail)	(9 <u>9</u>				
(55)	Impact attenue Other traffic	uator barrier (includes	guardrail)					
(55)	Impact attenue Other traffic	uator barrier (includes	guardrail)	(9 <u>9</u>	Y EVENT N	IUMBER		
(55) (56)	Impact attenue Other traffic	uator barrier (includes DEFORMA	guardrail)	(9 <u>9</u>	Y EVENT N	IUMBER	object	
(55) (56) Accident	Impact attenue Other traffic	DEFORMA (1) (2)	guardrail)	(99 	Y EVENT N (4) Specific	IUMBER (5) Specific	object (6)	
(55) (56) Accident Event	Impact attenu Other traffic I (specify):	DEFORMA (1) (2) Direction	guardrail) TION CLASS	(99 SIFICATION B	Y EVENT N (4) Specific	IUMBER (5) Specific Vertical or	object (6) Type of	(7)
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	guardrail) TION CLASS Incremental Value of	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral	IUMBER (5) Specific Vertical or Lateral	(6) Type of Damage	Deformation
(55) (56) Accident Event	Impact attenu Other traffic I (specify):	DEFORMA (1) (2) Direction	guardrail) TION CLASS	(99 SIFICATION B	Y EVENT N (4) Specific	IUMBER (5) Specific Vertical or	object (6) Type of	
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	guardrail) TION CLASS Incremental Value of	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral	IUMBER (5) Specific Vertical or Lateral	(6) Type of Damage	Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force (degrees)	guardrail) TION CLASS Incremental Value of Shift	(99 SIFICATION B	Y EVENT N (4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage	Deformation Extent

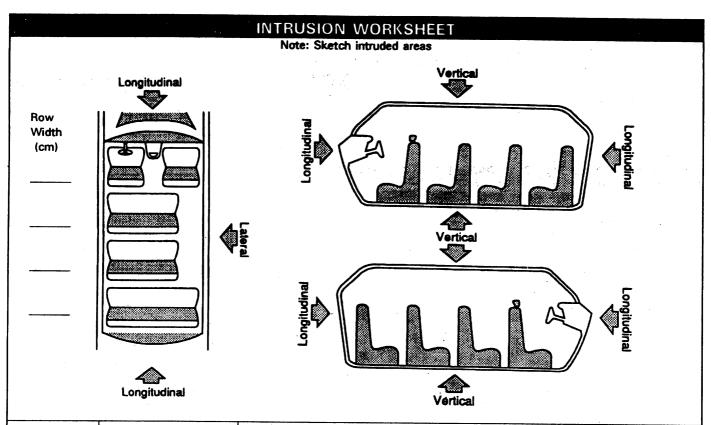
		COLLIS	SION DEFO	PRMATION	V CLAS	SIFICATIO	ON	
HIGHEST	DELTA "V"		4					
Accident Event Sequence Number 4. 01	Object Contacted 5.	(1) Direct of Fo	tion Defor	mation or ation Lo 	(4) gitudinal Lateral ocation	(5) Vertical or Lateral Location	Type of Damage Distribution	
	ghest Delta "V		C					
12	13	14	15.	1	6	17	18	19
		C	RUSH PRO	OFILE IN C	CENTIM	ETERS		
The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)								
HIGHEST	DELTA "V"							
20. L	21. 		C ₃	C ₄		Сь	C ₆	22.
153	021	01	9 01	<u>8 01</u>	7 0	13 0	016	<u> - 000</u>
Second Hi	ighest Delta "V	, es						
23. 	24. 	C ₂		C ₄	<u> </u>	Сь	C _e	25.
								+
but Not	Cs Documented Coded on The ted File?	0	of Vehic (0) Not t vehic (1) Tow	ner's Assessn le Disposition towed due to cle damage ed due to cle damage nown		28. Origin	nal Wheelbase Code to the nearest centim Unknown	<u>255</u> eter
						inches X	2.54 =	centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified 30. Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown	0	34. Fuel Tank-1 Location 35. Fuel Tank-2 Location (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify):
31. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown 32. Type of Fuel Tank-1 33. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown	10	36. Fuel Tank-1 Filler Cap Location 37. Fuel Tank-2 Filler Cap Location (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on left side plane (8) Other (specify): (9) Unknown 38. Fuel Tank-1 Damage 39. Fuel Tank-2 Damage (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify):

National Accident Sampling	System-Crashworthiness	Data System:	Exterior Vehicl	e Form
----------------------------	------------------------	--------------	-----------------	--------

						
40.	Locat	ion of Fuel System-1 Leakage				is Vehicle Equipped With More Than
41.	Locat	ion of Fuel System-2 Leakage	0			No (one or two tanks only)
		No fuel tank		ļ		
		No fuel leakage		1	Yes	- More Than Two Tanks
	(1) 1	10 Tuel leakage				Yes no damage to any tank or filler
				1	,	cap and no fuel system leakage
		ry Area Of Leakage		Į.	(2)	Yes no damage to any tank or filler
	(2)				(2)	res <u>includinge</u> to any tank of fine
	(3) 1	Filler neck				cap but there is fuel system leakage
	(4)	Сар				(specify leakage location):
		Lines/pump/filter		1		
		Vent/emission recovery			(3)	Yes damage to an additional tank or
		Other (specify):				filler cap and there is fuel system leakage
	(0)	Other (specify).		1		(specify the following):
				1		Type of tank
	(9)	Unknown				Tank location
				1		
			~ /			Filler cap location
42.	Fuel '	Type-1	<u> </u>	1		Tank damage
			m 4	1		Location of leakage
43	Fuel :	Type-2	00	1		Type of fuelUnknown if more than two tanks
70.				•	(9)	Unknown if more than two tanks
	Sincl	o Fuel Type		1		
		e Fuel Type		1		
		No fuel tank				
		Gasoline				COMMENTS
		Diesel				
	(03)	CNG (Compressed Natural Gas)		1		
		LPG (Liquid Petroleum Gas) also				
		known as Propane		1		
	(05)	LNG (Liquid Natural Gas)		1		
	(06)	Methanol (M100 or M85)		1		
		Ethanol (E100 or E85)		1		
	(08)	Other (Hydrogen or others) (specify):		1		
	(00)	Other (riyalogal at attack) (apartity)				
	Flect	ric Powered or Electric/Solar		1		· · · · · · · · · · · · · · · · · · ·
		ered Vehicles				
		-		1		
		Lead Acid Battery		1		
		Nickel-Iron Battery		1		
	(12)	Nickel-Cadmium Battery		1		
1		Sodium Metal Chloride Battery				
1		Sodium Sulfur Battery		1		
l	(18)	Other (Specify):		ļ		
				l		
	(98)	Other Hybrid (specify):				
		· · · · · · · · · · · · · · · · · · ·				
l						
	(99)	Unknown fuel type				
	,557					
1						
\vdash			***			
ì						
		TOD IT THE ODG ADDITIONS ENT	בשופי בי	\A / A C	NO	T TOMED AND MAS NOT AN ADDS **
* 1						T TOWED AND WAS NOT AN AOPS **
1	ΠE	GV09 = 0 OR 9 AND GV36 = 0). DO NO	OT C	ОМІ	PLETE THE INTERIOR VEHICLE FORM.
	(1.E	., G 700 - 0 ON 0 /MAD G 700 - 0/	,, 110	. .		
1						

lational Highway Traffic Safety Administration	INTERIOR VE	HICLE FORM NATIONAL ACCIDENT SAMPLING SYSTE CRASHWORTHINESS DATA SYSTE
1 Driman, Compline Unit Number	81	GLAZING
1. Primary Sampling Unit Number		Glazing Damage from Impact Forces
2. Case Number - Stratum	2721	15. WS <u>2</u> 16. LF <u>0</u> 17. RF <u>0</u> 18. LR <u>0</u> 19. RR <u>0</u>
3. Vehicle Number	_0_	20. BL <u>O</u> 21. Roof <u>8</u> 22. Other 8
INTEGRITY		(0) No glazing damage from impact forces
4. Passenger Compartment Integrity (00) No integrity loss	00	(2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces
Yes, Integrity Was Lost Through (01) Windshield		(5) Glazing out-of-place and holed from impact forces
(02) Door (side)		(6) Glazing disintegrated from impact forces(7) Glazing removed prior to accident
(03) Door/hatch (back door) (04) Roof		(8) No glazing (9) Unknown if damaged
(05) Roof glass		(5) Onknown II damaged
(06) Side window (07) Rear window (backlight)		Glazing Damage from Occupant Contact
(08) Roof and roof glass		
(09) Windshield and door (side) (10) Windshield and roof		23. WS <u>O</u> 24. LF <u>O</u> 25. RF <u>O</u> 26. LR <u>O</u> 27. RR <u>O</u>
(10) Windshield and roof (11) Side and rear window (side window an (12) Windshield and side window	nd backlight)	28. BL <u>29. Roof</u> 30. Other <u>2</u>
(13) Door and side window		(0) No occupant contact to glazing or no glazing(1) Glazing contacted by occupant but no glazing damage
(98) Other combination of above (specify):		(2) Glazing in place and cracked by occupant contact
(99) Unknown		 (3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (5) Glazing out-of-place by occupant contact and holed by
Door, Tailgate or Hatch Opening		occupant contact
5. LF / 6. RF / 7. LR / 8. RR /	2 0 70"	(6) Glazing disintegrated by occupant contact(9) Unknown if contacted by occupant
5. LF_/ 6. RF_/ /. LR_0 8. RR_0	∠ 9. IG/H <u></u> ∠	If No Glazing Damage And No Occupant Contact or No
(O) No door/gate/hatch		Glazing Daniage And No Occupant Contact of No
(1) Door/gate/hatch remained closed and op (2) Door/gate/hatch came open during collie	•	
(3) Door/gate/hatch jammed shut		Type of Window/Windshield Glazing
(8) Other (specify):		31. WS <u> </u> 32. LF <u> </u> 33. RF <u> </u> 34. LR <u> </u> 35. RR <u> </u>
(9) Unknown		36. BL 37. Roof 38. Other
		36. BL 37. Root 38. Other 2
Damage/Failure Associated with Door, 7 Opening in Collision. If IV05-IV09 ≠ 2,	Failgate or Hatch , Then code Ø	 (0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated (2) AS-2 — Tempered (3) AS-3 — Tempered-tinted
10. LF <u>O</u> 11. RF <u>O</u> 12. LR <u>O</u> 13. RR	<u> </u>	(4) AS-14 — Glass/Plastic (8) Other (specify):
(O) No door/gate/hatch or door not opened		(9) Unknown
Door, Tailgate or Hatch Came Open During (Collision	
(1) Door operational (no damage)(2) Latch/striker failure due to damage		Window Precrash Glazing Status
(3) Hinge failure due to damage		39. WS 40. LF 041. RF 042. LR 043. RR 0
(4) Door structure failure due to damage(5) Door support (i.e., pillar, sill, roof side re	ail,	44. BL 2 45. Roof 2 46. Other 0
etc.) failure due to damage	•	44. BL <u></u> 45. HOOT <u></u> 46. Other <u></u>
(6) Latch/striker and hinge failure due to da(8) Other failure (specify):	ımage	(0) No glazing contact and no damage, or no glazing
		(1)' Fixed (2) Closed
(9) Unknown		(3) Partially opened (4) Fully opened
		(9) Unknown

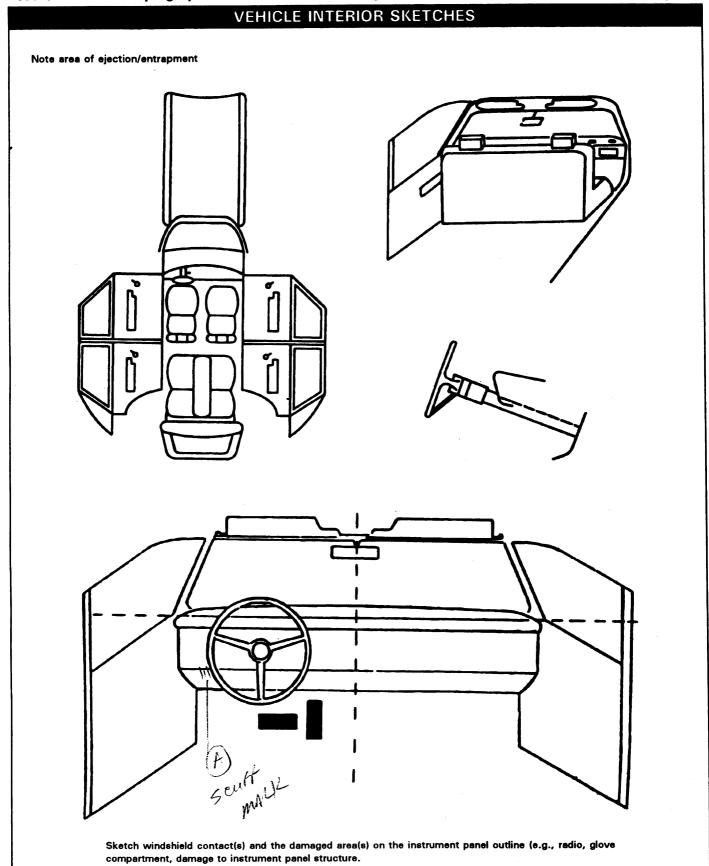


LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Me COMPARISON VALUE —	asurements Are In Centimeters INTRUDED VALUE =	INTRUSION	DOMINANT CRUSH DIRECTION
		_	=		
		_	=		
			· . =	,	
			=		
			=		
		_	=		
			=		
			=		
			. =		
			=	,	
			=		
		-	=		
			= ·		
		-	=		
			=		

OCCUPANT AREA INTRUSION Note: If no intrusions, leave variables IV47-IV86 blank. INTRUDING COMPONENT Interior Components Dominant Location of Intruding Magnitude Crush (01) Steering assembly Intrusion Component of Intrusion Direction (02) Instrument panel left (03) Instrument panel center (04) Instrument panel right 1st 47.___ 48.___ 49.___ 50.___ (05) Toe pan (06) A (A1/A2)-pillar (07) B-pillar (08) C-pillar 2nd 51.___ 52.__ 53.__ 54.__ (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top) (13) Roof side rail 56. (14) Windshield (15) Windshield header (16) Window frame (17) Floor pan (includes sill) 60. (18) Backlight header (19) Front seat back (20) Second seat back (21) Third seat back 64. 65. (22) Fourth seat back (23) Fifth seat back (24) Seat cushion (25) Back door/panel (e.g., tailgate) 6th 67.___ 68.__ 69.__ 70. (26) Other interior component (specify): (27) Side panel - forward of the A (A2)-pillar (28) Side panel - rear of the A (A2)-pillar 7th 71.___ 72.___ 73. 74. **Exterior Components** (30) Hood 75.____ 76.___ 77.___ 78.___ (31) Outside surface of this vehicle (specify): (32) Other exterior object in the environment (specify): 9th 79.____ 80.___ 81.___ 82._ (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): 10th 83.___ 84.__ 85._ 86._ (99) Unknown LOCATION OF INTRUSION **MAGNITUDE OF INTRUSION** (1) \geq 3 centimeters but < 8 centimeters Front Seat Fourth Seat $(2) \geq 8$ centimeters but < 15 centimeters (41) Left (11) Left (3) \geq 15 centimeters but < 30 centimeters (12) Middle (42) Middle $(4) \ge 30$ centimeters but < 46 centimeters (13) Right (43) Right $(5) \ge 46$ centimeters but < 61 centimeters (6) ≥ 61 centimeters Second Seat (97) Catastrophic (7) Catastrophic (21) Left (98) Other enclosed (9) Unknown (22) Middle area (specify) (23) Right (99) Unknown DOMINANT CRUSH DIRECTION Third Seat (1) Vertical (31) Left (2) Longitudinal (32) Middle (3) Lateral (33) Right (7) Catastrophic (9) Unknown

	RIM/SPOKE DEFO		· IN	
(All M	essurements Are in Centime	ters)		
COMPARISON VALUE —	DAMAGE VALUE	=	DEFORMATION	
· –		=		
_		=		
_		=		
_		=		
e e				
•				

STEERING COLUMN	93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation
(1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify):	Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D
	Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown
	INSTRUMENT PANEL
89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	4. Odometer Reading kilometers—Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown
92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation	96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
 (01-14) Actual measured value in centimeters (15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown 	97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown
) 	



Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

		POIN	TS (OF OC	CUPANT CONTAC	CI		
Contact	Interior Component Contacted	Occupant No. If Known	R:	Body egion If nown	Supporting Ph			Confidence Level of Contact Point
Α	09	/	K	33	Scuff M	KLK	-	2
В		1						
С								
D								
E								
F								
G	_						· · · · · · · · · · · · · · · · · · ·	
Н								
<u>-</u> -								
<u>·</u>								
K					-		W	
L								
M								
N								
(03) Su (04) Sto (05) Sto (06) Sto (07) Sto sel (08) Ad de (09) Le (10) Ce (11) Rig (12) Glo (13) Kn (14) Wi of (15) Wi	rror	ion ssion hment CB, tape below Ri and below d below or more ader, int panel, bly (driver or more ader,	(24) (25) (26) (27) (28) (30) (31) (32) (33) (34)	Cother left Left side v Left side v one or mo frame, wir B-pillar, or Other left Left side v Left side v SIDE Right side excluding Right side Right B-pill Other righ Right side Right side one or mo frame, wir	pillar (specify): vindow glass or frame vindow glass including re of the following: ndow sill, A (A1/A2)-pillar, roof side rail. side object (specify): vindow sill interior surface, hardware or armrests hardware or armrest	(47) (48) (49) ROOF (50) (51) (52) (53) (54) FLOOR (56) (57)		s pecify): (specify): top pan) unted including
(16) Dri co (17) Pa co (18) Wi	rror (passenger side onliver side air bag compa ver ssenger side air bag mpartment cover ndshield reinforced by ject (specify): her front object (specif	rtment IN exterior	ITERIO (40) (41)	Right side R R Seat, back Belt restra	int webbing/buckle int B-pillar	(60) (61) (62)	- ·	ck, door, etc. pecify): EL OF
	ft side interior surface,	mraata	(44)	Other rest (specify):_ Head rest	raint system component raint system		(1) Certain (2) Probable	**

(45) Air bag (use codes "16" and "17" for injuries sustained from air bag

compartment covers)

- (2) Probable
- (3) Possible
- (9) Unknown

(21) Left side hardware or armrest (22) Left A (A1/A2)-pillar

excluding hardware or armrests

		hould be assessed during the vehicle in AIR BAGS	ute for the variables may be found ispection then coded on the Occupat
		Left	Right
F	Availability/Function		
I R	Deployment		
S			
T_	Failure	1	/
(0) (1) <i>Non</i> - (2)	System Availability/Function Not equipped/not available Air bag -functional Air bag disconnected (specify): Air bag not reinstalled Unknown	Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown it deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	Are There Indications of Air Bag System/Failure? (0) /Not equipped/not available (1) /No (2) Yes (specify): (9) Unknown
		AUTOMATIC BELTS	
		Left	Right
_	Availability/Function		
F	Use		
R	Туре		
S T	Proper Use		
	Failure Modes		4
Availab (0) (1) (2) (3) (4) (4) (9) (1) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	atic (Passive) Belt System ility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown functional Automatic belts destroyed or rendered inoperative Unknown atic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt not in use (manually disconnected motorized track inoperative) Automatic belt use unknown Unknown atic (Passive) Belt System Type Not equipped/not available	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify):	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing reincluded) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify) (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify) (9) Unknown
(1)	Not equipped not available Non-motorized system Motorized system	(9) Unknown	

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
	Availability	4	0	4,
'i	Evidence of usage	04	00	04
R	Used in this crash?	VES	0	NO
S	Proper Use	1 /	\mathcal{C}	/
	Failure Modes	/	0	
٥	Availability	3	3	3
S E C O	Evidence of usage	00	00	00
6	Used in this crash?	NO	NO	NO
Ň	Proper Use	a	0	A
D	Failure Modes	/		
0	Availability			
+	Evidence of usage			
Ĥ	Used in this crash?			
E R	Proper Use			
_ n	Failure Modes	, sur, militare militare		

		1 A -411	Dala Conse	A!I-L!!!a
N	ranuai	(ACTIVE)	Belt Syste	m Availabilitv

- (O) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt
- destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (O1) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat -
- type unknown
 (18) Other belt used with child safety seat
 (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

	СНІ	LD SAFE	TY SEAT	IELD AS	SESSMENT		
Wi the	nen a child safety seat is preso coccupant's number using th	ent enter the ne codes list	occupant's red below. Co	number in the omplete a co	e first row and column for each	omplete the co	lumn below it present.
Oc	cupant Number						
1.	Type of Child Safety Seat						
2.	Child Safety Seat Orientation						
3.	Child Safety Seat Harness Usage						
4.	Child Safety Seat Shield Usage						
5.	Child Safety Seat Tether Usage						
6.	Child Safety Seat Make/Model		Speci	fy Below for	Each Child Saf	fety Seat	
	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety (8) Unknown child safety s (9) Unknown if child safety Child Safety Seat Orientatio (00) No child safety seat Designed for Rear Facing fo This Age/Weight (01) Rear facing (02) Forward facing (03) Other orientation Designed for Forward Facing (09) Unknown orientation Designed for Forward Facing (11) Rear facing (12) Forward facing (13) Other orientation (specially) (14) Unknown orientation Unknown Design or Orientation	eat type seat used n figure (ify): tion For This		4. Child S 5. Child S Note: (00) N Not De (01) A a (02) A (03) C h (09) U a (02) H (12) H (19) U Unknow (21) H (22) H (29) U (99) U (99) U	Safety Seat Hard Safety Seat Shiel Safety Seat Teth Options Below A To child safety seat Seigned with Hard Seigned with Hard Seigned with Hard Seigned with Hard Seigned with Harnes Shield/teth Sarness/shiel	eld Usage her Usage Are Used for Value seat rness/Shield/Tether rness/shield/tether ass/shield/tether ass/Shield/Tether ess/Shield/Tether ess/Shield/Tether esther not used ess/shield/tether With Harness/Sether not used ether used ess/shield/tether ass/shield/tether used ess/shield/tether sther used ess/shield/tether used	ether her used after market er used Shield/Tether er used
	(22) Forward facing(28) Other orientation (spec(29) Unknown orientation	eify):		·	·	· · · · · · · · · · · · · · · · · · ·	
	(99) Unknown if child safet	y seat used					

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	3	0	3
Ì	Seat Type	02	00	02
R S T	Seat Performance	/	0	1
	Seat Orientation	1	0	
S	Head Restraint Type/Damage	0	0	0
E C	Seat Type	03	03	03
O N	Seat Performance			Į.
D	Seat Orientation	<i>k</i>		
т	Head Restraint Type/Damage			,
Ĥ	Seat Type			par di la companya di
Ŗ	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			
T	Seat Type			
H	Seat Performance			
R	Seat Orientation			

Head Restraint Type/Damage by Occupant at This **Occupant Position**

- No head restraints
- (1)
- Integral no damage Integral damaged during accident
- (3) Adjustable - no damage
- Adjustable damaged during accident
- (5)
- Add-on no damage Add-on damaged during accident (6)
- Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- Rear facing seat (2)
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)**

Complete the following if the researc in the vehicle. Code the appropriate		dication that	an occupar	nt was eithe	r ejected fro	m or entrap	ped
EJECTION No [Y Yes [] Describe indications of ejection and		volved in pa	rtial ejection	n(s):			
Occupant Number]
Ejection (Note on Vehicle Interior Sketch) Ejection Area						·	
Ejection Medium Medium Status							
Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):			(5) Integral structure (8) Other medium (specify): (9) Unknown Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown			
(6) Rear ENTRAPMENT No [] Yes Describe entrapment mechanism:							
(Note in vehicle interior diagram)							



U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

National Highway Traffic Safety

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

dministration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number	OCCUPANT'S SEATING
2. Case Number - Stratum 072 F	10. Occupant's Seat Position/ _/
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number	(13) Right side
OCCUPANT'S CHARACTERISTICS	(14) Other (specify):(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant
72 inches X 2.54 = 183 centimeters	(97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 240 pounds X .4536 = 109 kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

EJEC	CTION/EI	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	<u>D</u>	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	<u>O</u>	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0	

	RESTRAINT SYST	TEM EVALUATION
17.	Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled
18.	(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): (9) Unknown Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	 (9) Unknown 22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown
19.	(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
	Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown"
20.	Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	

		HEAD RESTRAINT AN	D SEAT EVALUATION	
25.	at TI (0) (1) (2) (3) (4) (5) (6)	d Restraint Type/Damage by Occupant his Occupant Position No head restraints Integral—no damage Integral—damaged during accident Adjustable—no damage Adjustable—damaged during accident Add-on—no damage Add-on—damaged during accident Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment is	' failed
	(9)	Unknown		
			(7) Combination of above (specify):	
26.	Seat	Type (this Occupant Position)	(8) Other (specify):	
	(00)	Occupant not seated or no seat Bucket	(9) Unknown	
		Bucket with folding back Bench		
		Bench with separate back cushions Bench with folding back(s)		
	(06)	Split bench with separate back cushions Split bench with folding back(s)		
	(80)	Pedestal (i.e., column supported) Other seat type (specify):		
		Box mounted seat (i.e., van type)		
		Unknown		
	,	·		•
		•		

	CHILD	AFETY SEAT
28.	Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model	31. Child Safety Seat Harness Usage 32. Child Safety Seat Shield Usage 33. Child Safety Seat Tether Usage
	(999) Unknown if child safety seat used	Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

	INJURY CONSEQUENCES		11
	•	38. Working Days Lost	
34.	Injury Severity (Police Rating)	Code the number of days (up through 60) that the occupant	
		lost from work due to the accident	
	(0) O - No injury	(00) No working days lost	
	(1) C - Possible injury	(61) 61 days or more	
	(2) B - Nonincapacitating injury (3) A - Incapacitating injury	(62) Fatally injured	
	(4) K - Killed	(97) Not working prior to accident	
	(5) U - Injury, severity unknown	(99) Unknown	
	(6) Died prior to accident		
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAG	3E 7
0.5	<u></u>	VARIABLES 39 THROUGH 43 ARE	
35.	Treatment - Mortality	COMPLETED BY THE ZONE CENTER	
	(0) No treatment (1) Fatal		
	(2) Fatal - ruled disease (specify):	20. Time to Dooth	~ ~
	(2) I didi Tolod dioddo (opodily).	39. Time to Death Code number of hours from time of	00
		accident to time of death up through 24	
	Nonfatal	hours. If time of death is greater than 24	
	(3) Hospitalization	hours, code number of days. (Note: 1 da	
	(4) Transported and released	$31, 2 \text{ days} = 32, \dots n \text{ days} = 30 + n \text{ up}$	
	(5) Treatment at scene - nontransported	through 30 days = 60)	
	(6) Treatment later(8) Treatment - other (specify):	(00) Not fatal	
	(o) Treatment other (speemy).	(96) Fatal - ruled disease (99) Unknown	
	(9) Unknown	(99) OHKHOWN	
		40. 1st Medically Reported Cause of Death	00
36.	Type Of Medical Facility (for Initial Treatment)	-	
	(0) Not treated at a medical facility (1) Trauma center	41. 2nd Medically Reported Cause of Death	00
	(2) Hospital	AO Oud Madically Danaged Course of Dank	^ A
	(3) Medical clinic	42. 3rd Medically Reported Cause of Death Code the Occupant Injury from line	0 0
	(4) Physician's office	number(s) for the medically reported	
	(5) Treatment later at medical facility	injury(s) which reportedly contributed to	
	(8) Other (specify):	this occupant's death	
	(0) 11-1	(00) Not fatal or no additional causes	
	(9) Unknown	(96) Mode of death given but specific	
		injuries are not linked to cause	
37.	Hospital Stay	of death. (specify):	
	(00) Not Hospitalized	(97) Other result (includes fatal ruled	
	Code the number of days (up through 60)	disease) (specify):	
	that the occupant stayed in hospital.	C.33430, (5p33),.	
	(61) 61 days or more	(99) Unknown	
	(99) Unknown		
		42. Number of Decembed left 1 of	
		43. Number of Recorded Injuries for This Occupant	O 3
	į	3 Code the actual number of	
		injuries recorded for this occupant.	
		(00) No recorded injuries	
		(97) Injured, details unknown	
		(99) Unknown if injured	

	AUTOMATIC BELT SYSTEM		48.	Automatic (Passive) Belt Failure Modes During Accident
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown	2		(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
1	Non-functional(4) Automatic belts destroyed or rendered inoperative(9) Unknown			(6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown
	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown	2	49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown
	(0) Not equipped/not available(1) Non-motorized system(2) Motorized system(9) Unknown			Check the Primary Source Used In Determining Belt Use.
	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen	2		 [] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify): [] Unknown if belt used
	(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):			
	(8) Other improper use of automatic belt system (specify):(9) Unknown			
	ARE ALL APPLICABLE MEDICAL REC WITH INITIAL SUBMISSION?	OR:	RDS	INCLUDED NO [// YES []
	UPDATE CANDIDATE	Ξ?		NO[] YES[/

STOP - VARIABLES 50 THROUGH 53 ARE	BELT USE DETERMINATION
STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER	53. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative
TRAUMA DATA	(1) Vehicle inspection (2) Official injury data
50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured	(3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given	
52. Arterial Blood Gases (ABG) – HCO ₃ O O O O O O O O O O O O O O O O O O O	

Administration

U.S. Department of Transportation
National Highway Traffic Safety

Form Approved O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

21

3. Vehicle Number

_ ಎ

2. Case Number - Stratum

072F

4. Occupant Number

01

INJURY DATA

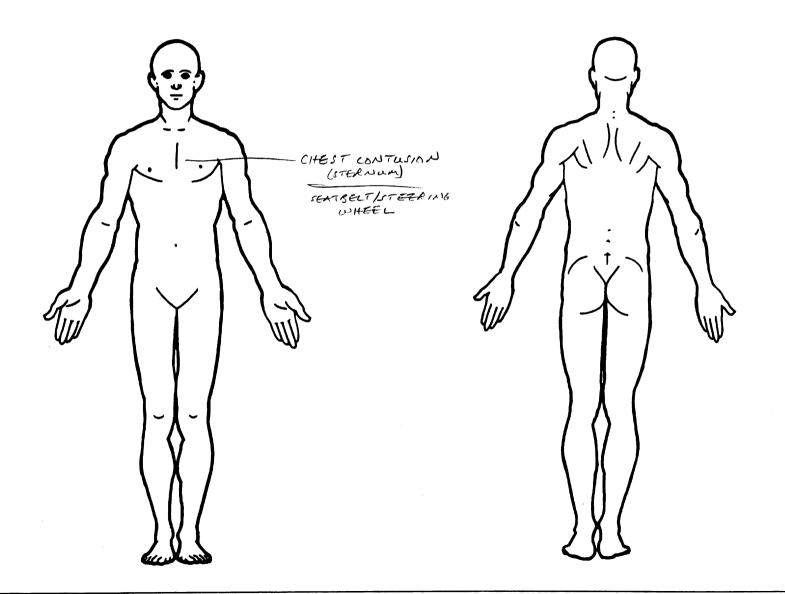
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

				A.I.S 9	0				Injury		Occupant
of	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusion Number
1st	5. <u>3</u>	6	7 9	s. <u>04</u>	9. 0 2	10. <u>/</u>	11. <u>4</u>	12. 4 (13. <u>/</u>	14	15. <u>0 0</u>
2nd	16	17. 7	18. 9 19	<u>, 04</u>	20. 02	21. /	22. Z	23. 4 /	24. /	25. <u>/</u> _	26. <u>ర</u> ద
	<u> </u>										
3rd	27	28	2930	D. 04	31. 02	32	33 ^Z	34. <u>D 9</u>	35	36. 🔼	37. <u>()</u>
4th	38	39	40 41	I. <u>— — — — — — — — — — — — — — — — — — —</u>	42	43	44	45	46	47	48
							andre de la 1124 d Assantant gerra esta Agrada de en la piesa				
5th	49	50	51 52	2	53	54	55	56	57	58	59.
6th	60	61	62 63	3	64	65	66	67	68.	69	70
7th	71	72	73 74	4	75	76	77	78	79	80	81.
8th	82	83	84 8!	5	86	87.	88.	89	90.	91	92
9th	93	94	95 9	6.	97	98	99	100	101 1	02	103
10th	104	105 1	06 10	7. 1	08.	109.	110.	111.	112. 1	13,	114.

			,	OCC	UPANT I	NJURY	DATA		٠, .		
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1-1th							<u>-</u>		_		
12th									_		
13th											
14th 15th											
16th								 -	_		
17th									-		
18th			-			-	_				
19th			<u> </u>			<u></u> -	<u></u> :		<u></u>		
2001											
22nd									-		
23rd											
24th								——	_		
25th							—			_	

OFFICIAL INJURY DATA - SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA OFFICIAL

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- Private physician, walk-in or emergency

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

INJURY SOURCE

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- Add on equipment (e.g., CB, tape (80) deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- Passenger side air bag compartment cover
- Windshield reinforced by exterior object (18)(specify):
- (19) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- Other right pillar (specify): (34)
- (35) Right side window glass or frame
- Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- Windshield, roof rail, A-pillar (75)
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE **ENVIRONMENT**

(84) Ground

- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE **LEVEL**

- (1) Certain
- Probable
- (3) Possible Unknown

DIRECT/INDIRECT INJURY

- Direct contact injury
- Indirect contact injury Noncontact injury
- Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- Head
- Face Neck
- (4) Thorax
- Abdomen
- (6) Spine
- **Upper Extremity** Lower Extremity
- Unspecified
- Whole Area
- Vessels
- Nerves (4) Organs (includes muscles/

Type of Anatomic Structure

- ligaments) Skeletal (includes joints) Head - LOC
- (6)Skin

Specific Anatomic Structure

- Whole Area (02) Skin Abrasion
- (04) Skin Contusion
- (06) Skin - Laceration Skin - Avulsion
- (10) Amputation
- (20) Burn Crush
- (40) Degloving
- Injury NFS (50)Trauma, other than mechanical

Head - LOC

- (02) Length of LOC (04, 06, 08) Level of Consciousness
- (10) Concussion

- Spine (02) Cervical (04) Thoracic (06) Lumbar

Vessels, Nerves, Organs. Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- Minor injury
- Moderate injury (3) Serious injury
- Severe injury (5)
- Critical injury Maximum (untreatable)
- Injured, unknown severity

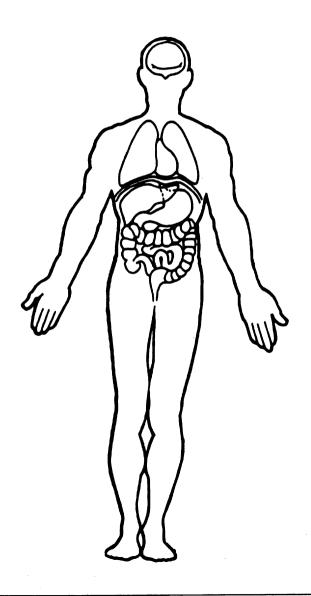
Aspect

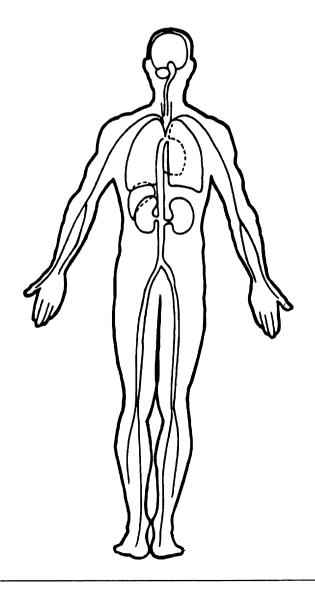
- Right Left
- Bilateral Central
- Anterior Posterior
- (6) (7) Superior
- (8)Inferior Unknown
- Whole region

Page

OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







U.S. Department of Transportation

CRASHPC PROGRAM SUMMARY

National Highway Traffic Safet

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration	*		CRASHWORTHINES	S DATA SYSTEM
Identifying Title Primary Sampling Unit	Case NoStratum	Accident Eve Sequence N		<u></u>
CRASHPC Vehicle Id Vehicle 1 Vehicle 2	lentification 1978 1984 Year	FOXED Make	ECONOLINE VAN MUSTANG Model	NASS Veh. No.
	GE	NERAL INFORM	ATION	
Size Weight 1781 + 222+ Curb Occupant(s) CDC PDOF (-180 to +180 Stiffness	VEHICLE I 90 = 20 9 Cargo	Size Weig 3 kg 124 Curb	VEHICLE 2 That 12^{53} Solution 12 Signature 12 Sign	2 kg 2 kg - 502
	S	CENE INFORMA	TION	
	itions L/No, <i>Go To</i> VEHICLE 1			
Rest Position	X Y PSI	m Rest m	XY PSI	m m o
Impact Position	X	m Impa Positi	rct X rion Y PSI	m m o
Slip Angle(-180 to +	· 180)		Angle (-180 to +180)	0
		VEHICLE MOTI		
Sustained Contact	[] No [] Yes VEHICLE 1		VEHICLE 2	
Vehicle Rotation Rotation Stop Be	***************************************		cle Rotation [] No Rotation Stop Before Rest [] No	[] Yes [] Yes
End of Rotation Position	X		end of Rotation X Position Y PSI PSI	
Curved Path Point on Path X	[] No m Y	Р	ed Path [] No Point on Path K m Y	[] Yes m
Rotation Direction Rotation > 360°	[] None	***************************************	tion Direction [] None [] CW	I 1CCW

FRICTION INFORMATION	TRAJECTORY INFORMATION
Coefficient of Friction .	Trajectory Data No Yes
Rolling Resistance Option	If No, Go To Damage Information
	Vehicle 1 Steer Angles
Vehicle 1 Rolling Resistance	LF ° RF °
LF RF	LR ° RR °
LR RR	
	Vehicle 2 Steer Angles
Vehicle 2 Rolling Resistance	LF ° RF °
LF · RF ·	
LR RR	_
	Terrain Boundary [] No [] Yes
	First Point
	X m Y m
	Second Point
	X m Y m
	Secondary Coefficient of Friction
DAMA 05	- INCORMATION
DAWAGE	INFORMATION
VEHICLE 1	VEHICLE 2
Damage Length $\int L = \frac{259}{2}$ cm	n Damage Length / L cm
Crush Depths $\begin{array}{c cccc} C_1 & & & \bigcirc & cn \\ C_2 & & & 2 & cn \\ C_3 & & & 2 & 8 & cn \\ C_4 & & & 3 & l & cn \\ C_6 & & & 2 & 6 & cn \\ C_6 & & & 4 & cn \\ \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Damage Offset D + 5 Z cm	n Damage Offset cm
IF THIS COMMON IMPACT WAS WITH A MOTOR VEH	HICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.
Model Year: Make:	The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.
Model:	_ Tor this vehicle should be recorded above.
	_
VIN:	

SUMMARY OF CRASHPC RESULTS USING DAMAGE

We are the the for the me
P81 072F IMP #2

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL 18 KPH (11 MPH)
LONGITUDINAL -13 KPH (-8 MPH)
LATITUDINAL 11 KPH (7 MPH)

PDOF ANGLE -40 DEGREES

ENERGY DISSIPATED = 73701 JOULES (54352 FT-LB)

VEHICLE #2

TOTAL 27 KPH (17 MPH)
LONGITUDINAL -17 KPH (-11 MPH)
LATITUDINAL -21 KPH (-13 MPH)
PDOF ANGLE 50 DEGREES

ENERGY DISSIPATED = 48541 JOULES (35798 FT-LB)

(January 1997)

DAMAGE DATA

VEHICLE #1

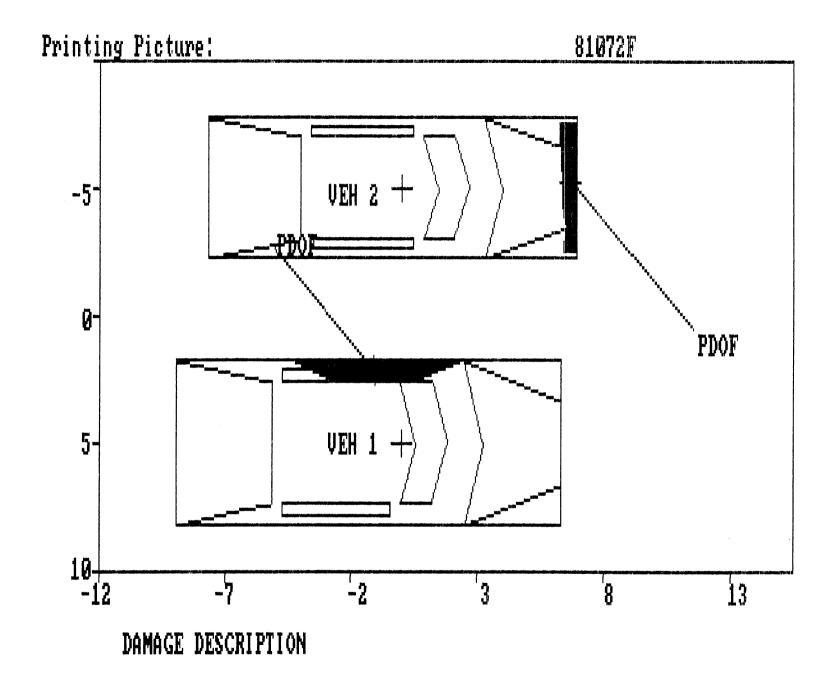
VEHICLE #2

SIZE CATEGORY STIFFNESS CATEGORY	7 6	2 2
VEHICLE WEIGHT	2093 KGS (4614 LBS)	1362 KGS (3003 LBS)
CDC	11LBEW3	O2FDEW2
PDOF ANGLE	-40 DEGREES	50 DEGREES
CRUSH LENGTH	259 CM. (102 IN.)	155 CM. (61 IN.)
C1	0 CM. (0 IN.)	21 CM. (8 IN.)
C2	2 CM. (1 IN.)	19 CM. (7 IN.)
C3	28 CM. (11 IN.)	18 CM. (7 IN.)
C4	31 CM. (12 IN.)	17 CM. (7 IN.)
C.5	26 CM. (10 IN.)	13 CM. (5 IN.)
C6	4 CM. (2 IN.)	16 CM. (6 IN.)
D	-58 CM. (-23 IN.)	O CM. (O IN.)
D ⁵	-34 CM. (-13 IN.)	-5 CM. (-2 IN.)

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	123 CM. (49 IN.)	118 CM. (46 IN.)
CG TO REAR AXLE	174 CM. (69 IN.)	127 CM. (50 IN.)
TRACK	172 CM. (68 IN.)	139 CM. (55 IN.)
CG TO FRONT OF VEH	192 CM. (76 IN.)	212 CM. (83 IN.)
CG TO REAR OF VEH	-272 CM. (-107 IN.)	-233 CM. (-92 IN.)
CG TO SIDE OF VEH	100 CM. (40 IN.)	85 CM. (34 IN.)
MOMENT OF INERTIA	20206 KGS (44546 LB S)	10450 KGS (23039 LBS)
VEHICLE MASS	5 KGS (12 LBS)	4 KGS (8 LBS)



I	INPUT	CALCULATE	TRAJECTORY	OUTPUT	GRAPHICS	EXIT	
- 13					· ·		

TITLE

CRASH3 RECONSTRUCTION

GENERAL INFORMATION

VEHICL	E #1
SIZE	7
WEIGHT	2093.
CDC	11LPEW3
PDOF	-40.00
STIFFNESS	6
CANCEL	ACCEPT

VEHICL	E #2
SIZE	2
WEIGHT	1404.
CDC	01FDEW2
PDOF	30.00
STIFFNESS	2
CANCEL	ACCEPT

METRIC INPUT

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

DAMAGE INFORMATION

VEHICLE #1					
DAMAGE LENGTH 259.0					
CRUSH DEPTHS					
C1	.000				
C2	2.000				
C3	28.00				
C4	31.00				
C5	26.00				
C6	4.000				
DAMAGE OFFSET	-58.00				
CANCEL	ACCEPT				

VEHICLE #2				
And the control of th				
DAMAGE LENGTH	155.0			
CRUSH DEPTHS				
C1	21.00			
C2	19.00			
C3	18.00			
C4	17.00			
C5	13.00			
C6	16.00			
DAMAGE OFFSET	.000			
CANCEL	ACCEPT			

METRIC INPUT

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL 19 KPH (12 MPH)
LONGITUDINAL -14 KPH (-9 MPH)
LATITUDINAL 12 KPH (8 MPH)
PDOF ANGLE -40 DEGREES

ENERGY DISSIPATED = 73701 JOULES (54352 FT-LB)

VEHICLE #2

TOTAL 28 KPH (17 MPH)
LONGITUDINAL -24 KPH (-15 MPH)
LATITUDINAL -14 KPH (-9 MPH)
PDOF ANGLE 30 DEGREES

ENERGY DISSIPATED = 32361 JOULES (23865 FT-LB)

PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

DAMAGE DATA

VEHICLE #1 VEHICLE #2

SIZE CATEGORY 7 2 STIFFNESS CATEGORY VEHICLE WEIGHT 2093 KGS (4614 LBS) 1404 KGS (3095 LBS) CDC 11LPEW3 01FDEW2 PDOF ANGLE -40 DEGREES 30 DEGREES CRUSH LENGTH 259 CM. (102 IN.) 155 CM. (61 IN.) 0 IN.) C10 CM. (21 CM. (8 IN.) 02 2 CM. (1 IN.) 19 CM. (7 IN.) CЗ 28 CM. (11 IN.) 18 CM. (7 IN.) C4 31 CM. (12 IN.) 17 CM. (7 IN.) C5 26 CM. (10 IN.) 13 CM. (5 IN.) C6 4 CM. (2 IN.) 16 CM. (6 IN.) -58 CM. (-23 IN.) D O CM. (O IN.) D, -34 CM. (-13 IN.) -5 CM. (

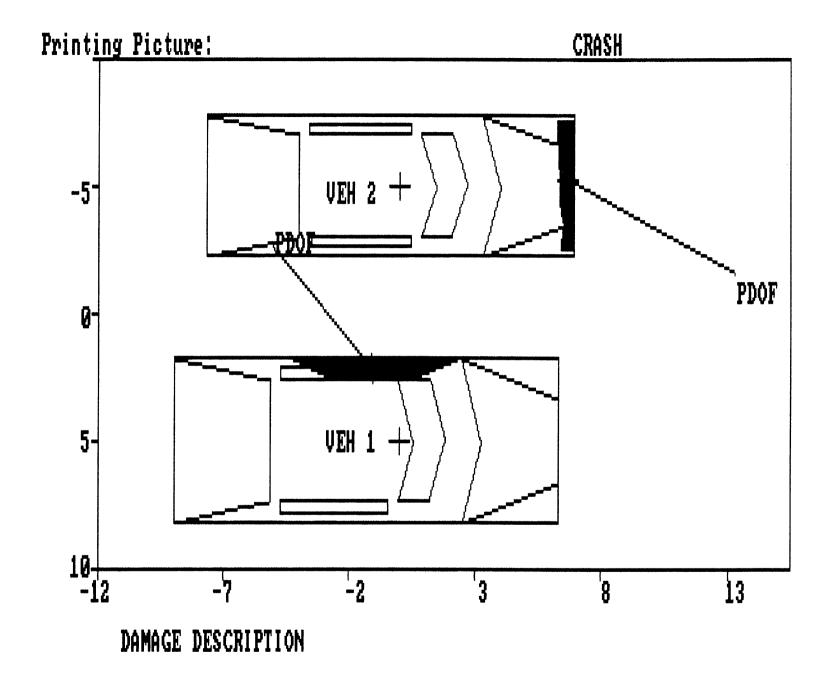
(* INDICATES DEFAULT VALUE)
PRESS ANY KEY TO CONTINUE

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2		
CG TO FRONT AXLE	123 CM. (49 IN.)	118 CM. (46 IN.)		
CG TO REAR AXLE	174 CM. (69 IN.)	127 CM. (50 IN.)		
TRACK	172 CM. (68 IN.)	139 CM. (55 IN.)		
CG TO FRONT OF VEH	192 CM. (76 IN.)	212 CM. (83 IN.)		
CG TO REAR OF VEH	-272 CM. (-107 IN.)	-233 CM. (-92 IN.)		
CG TO SIDE OF VEH	100 CM. (40 IN.)	85 CM. (34 IN.)		
MOMENT OF INERTIA	20206 KGS (44546 LBS)	10773 KGS (23749 LBS)		
VEHICLE MASS	5 KGS (12 LBS)	4 KGS (8 LBS)		

PRESS ANY KEY TO CONTINUE



Sinal

```
81072F00000011
                947.030000000000208300000002
030827000252781
81072F00010012
               3947.0310000000000113L0202F
81072F00020012
                3947.0310000000000113R3100N
81072F01000021
                  7.03 000000000781246121E154HCA6496
                                                       19990960560189103031
780090001000901801018-013+0110737110
                  81072F01000022
                  7.03 00000000010211LBEW03023100RDA001259000002028031026004-
81072F01000031
                         01/351000115142111101010
058
                  7.03 0000000000130310000020000080200000001000000010000000
81072F01000041
81072F01000042
                  7.03 000000000982823212813
                        0000999088
81072F01010051
                  7.03 00000000019216805911100000040000000101100000000000242
00970000000010000001021011
81072F01010161
                  7.03 000000000373041012281100
81072F01010261
                  7.03 000000000329020217011100
                  7.03 000000000329040217011100
81072F01010361
                  7.03 000000000329060217011100
81072F01010461
                  7.03 000000000364047817979700
81072F01010561
81072F01010661
                  7.03 000000000364067818979700
                  7.03 000000000379040212221100
81072F01010761
                  7.03 000000000389020212092100
81072F01010861
81072F01010961
                  7.03 000000000379040212281100
81072F01011061
                  7.03 000000000779040211043100
                  7.03 000000001611750952130000004041100041011000000000000000
81072F01020051
00970000000000000001001001
                  7.03 000000001711730682240000000000004009100000000000000
81072F01030051
00000000000000000001001001
                  7.03 000000008412003021FABP26MXEF 9990960480188101011
81072F02000021
300000000001800901027-017-0210485110
                  81072F02000022
                  7.03 000000000010182FDEW02
                                                     155021019018017013016
81072F02000031
                         01255000101030101001000
OOO
                  7.03 0000000000110000000200000880000000100000010000000
81072F02000041
81072F02000042
                  7.03 000000000
                        0000146080
             4
                  7.03 00000000461183109111000000404110004302100000000000242
81072F02010051
00110000000003000001021011
                  7.03 000000000349040214411100
81072F02010161
81072F02010261
                  7.03 000000000779040212411100
                  7.03 000000000789040212091100
81072F02010361
000000000000004
```

GENERAL VEHICLE Vehicle: 1

INTRA ERRORS

OGGO421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should GG0422 equal 4 or 5.

0

OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

11

INTRA ERRORS

OHH1091 2 If TREATMENT OA35 equals 0, 4 or 5, then WORKING DAYS LOST OA38 HH1092 should equal 00, 01, 97 or 99.

01

INTER ERRORS

OCHO171 2 If CONTACT WINDSHIELD (IV23...) equals 2, 3, 5 or 6, then CHO172 RECORDED INJURIES OA43 should not equal 00. GV=01 OA=02

CH0171 2 If CONTACT WINDSHIELD (IV23...) equals 2, 3, 5 or 6, then CH0172 RECORDED INJURIES 0A43 should not equal 00. GV=01 0A=03

CT0011 2 If INJURY SOURCE 0I12(n) equals 97 and 1st LOCATION OF INTRUSION CT0012 IV47 does not equal blank, then INTRUSION NUMBER 0I15(n) should equal 99. GV=01 DA=01 0I=05

CT0011 2 If INJURY SOURCE OI12(n) equals 97 and 1st LOCATION OF INTRUSION CT0012 IV47 does not equal blank, then INTRUSION NUMBER OI15(n) should equal 99. GV=01 OA=01 OI=06

PSU81 CASE 072F

ERROR SUMMARY SCREEN

95

CURRENT VERSION: 7.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	O	Υ
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	·O	O	0	Υ
Occupant Assesment	0	O	1	Y
Occupant Interior	0	O	О	Υ
Total Inter Errors		0	4	
Total Case Errors	0	0	6	

U.S. Department of Transportation

National Highway Traffic Safety Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Administration			CRASHWORTHINESS DATA SYST
Primary S	ampling Ur	nit Number	Case Number-Stratum 072 P
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
			(SCENE)
1-3	1	W	
4-6 7-9	17	W E	TRAVEL DURING ROLLOVER TO FR BREA
7-9	"	E	LOCKING BACK
10-14	2	5	APPROACH TO ImpacT#1
15-16		N	Looking Breck.
			(UEH #1)
17-34	/	-	EXTERIOR
17-34 35-52 53-59	"		TN7ERIOR
53-59	"	· · · · · · · · · · · · · · · · · · ·	GAS TANKS
			(UEH #Z)
60-76	ح		EXTERIOR
77-89	",		INTERIOR
90-91	/.		GAS THNK
	·	· · · · · · · · · · · · · · · · · · ·	

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter		
				•	
		-			
	-	1			
		;		·	
,					
	:				
		· · · · · · · · · · · · · · · · · · ·			
	·				
		•			•
	-		· · · · · · · · · · · · · · · · · · ·		
	-		• •		
	4 6				
				•	
	-			A Section 1999	
	·				
			·		



















































































/20(1994)#



































2F(1994)#58







2F (1994)#6









Best Available









er (1994)#0











































